



Über dieses Buch

Dies ist ein digitales Exemplar eines Buches, das seit Generationen in den Regalen der Bibliotheken aufbewahrt wurde, bevor es von Google im Rahmen eines Projekts, mit dem die Bücher dieser Welt online verfügbar gemacht werden sollen, sorgfältig gescannt wurde.

Das Buch hat das Urheberrecht überdauert und kann nun öffentlich zugänglich gemacht werden. Ein öffentlich zugängliches Buch ist ein Buch, das niemals Urheberrechten unterlag oder bei dem die Schutzfrist des Urheberrechts abgelaufen ist. Ob ein Buch öffentlich zugänglich ist, kann von Land zu Land unterschiedlich sein. Öffentlich zugängliche Bücher sind unser Tor zur Vergangenheit und stellen ein geschichtliches, kulturelles und wissenschaftliches Vermögen dar, das häufig nur schwierig zu entdecken ist.

Gebrauchsspuren, Anmerkungen und andere Randbemerkungen, die im Originalband enthalten sind, finden sich auch in dieser Datei – eine Erinnerung an die lange Reise, die das Buch vom Verleger zu einer Bibliothek und weiter zu Ihnen hinter sich gebracht hat.

Nutzungsrichtlinien

Google ist stolz, mit Bibliotheken in partnerschaftlicher Zusammenarbeit öffentlich zugängliches Material zu digitalisieren und einer breiten Masse zugänglich zu machen. Öffentlich zugängliche Bücher gehören der Öffentlichkeit, und wir sind nur ihre Hüter. Nichtsdestotrotz ist diese Arbeit kostspielig. Um diese Ressource weiterhin zur Verfügung stellen zu können, haben wir Schritte unternommen, um den Missbrauch durch kommerzielle Parteien zu verhindern. Dazu gehören technische Einschränkungen für automatisierte Abfragen.

Wir bitten Sie um Einhaltung folgender Richtlinien:

- + *Nutzung der Dateien zu nichtkommerziellen Zwecken* Wir haben Google Buchsuche für Endanwender konzipiert und möchten, dass Sie diese Dateien nur für persönliche, nichtkommerzielle Zwecke verwenden.
- + *Keine automatisierten Abfragen* Senden Sie keine automatisierten Abfragen irgendwelcher Art an das Google-System. Wenn Sie Recherchen über maschinelle Übersetzung, optische Zeichenerkennung oder andere Bereiche durchführen, in denen der Zugang zu Text in großen Mengen nützlich ist, wenden Sie sich bitte an uns. Wir fördern die Nutzung des öffentlich zugänglichen Materials für diese Zwecke und können Ihnen unter Umständen helfen.
- + *Beibehaltung von Google-Markenelementen* Das "Wasserzeichen" von Google, das Sie in jeder Datei finden, ist wichtig zur Information über dieses Projekt und hilft den Anwendern weiteres Material über Google Buchsuche zu finden. Bitte entfernen Sie das Wasserzeichen nicht.
- + *Bewegen Sie sich innerhalb der Legalität* Unabhängig von Ihrem Verwendungszweck müssen Sie sich Ihrer Verantwortung bewusst sein, sicherzustellen, dass Ihre Nutzung legal ist. Gehen Sie nicht davon aus, dass ein Buch, das nach unserem Dafürhalten für Nutzer in den USA öffentlich zugänglich ist, auch für Nutzer in anderen Ländern öffentlich zugänglich ist. Ob ein Buch noch dem Urheberrecht unterliegt, ist von Land zu Land verschieden. Wir können keine Beratung leisten, ob eine bestimmte Nutzung eines bestimmten Buches gesetzlich zulässig ist. Gehen Sie nicht davon aus, dass das Erscheinen eines Buchs in Google Buchsuche bedeutet, dass es in jeder Form und überall auf der Welt verwendet werden kann. Eine Urheberrechtsverletzung kann schwerwiegende Folgen haben.

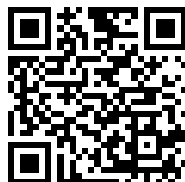
Über Google Buchsuche

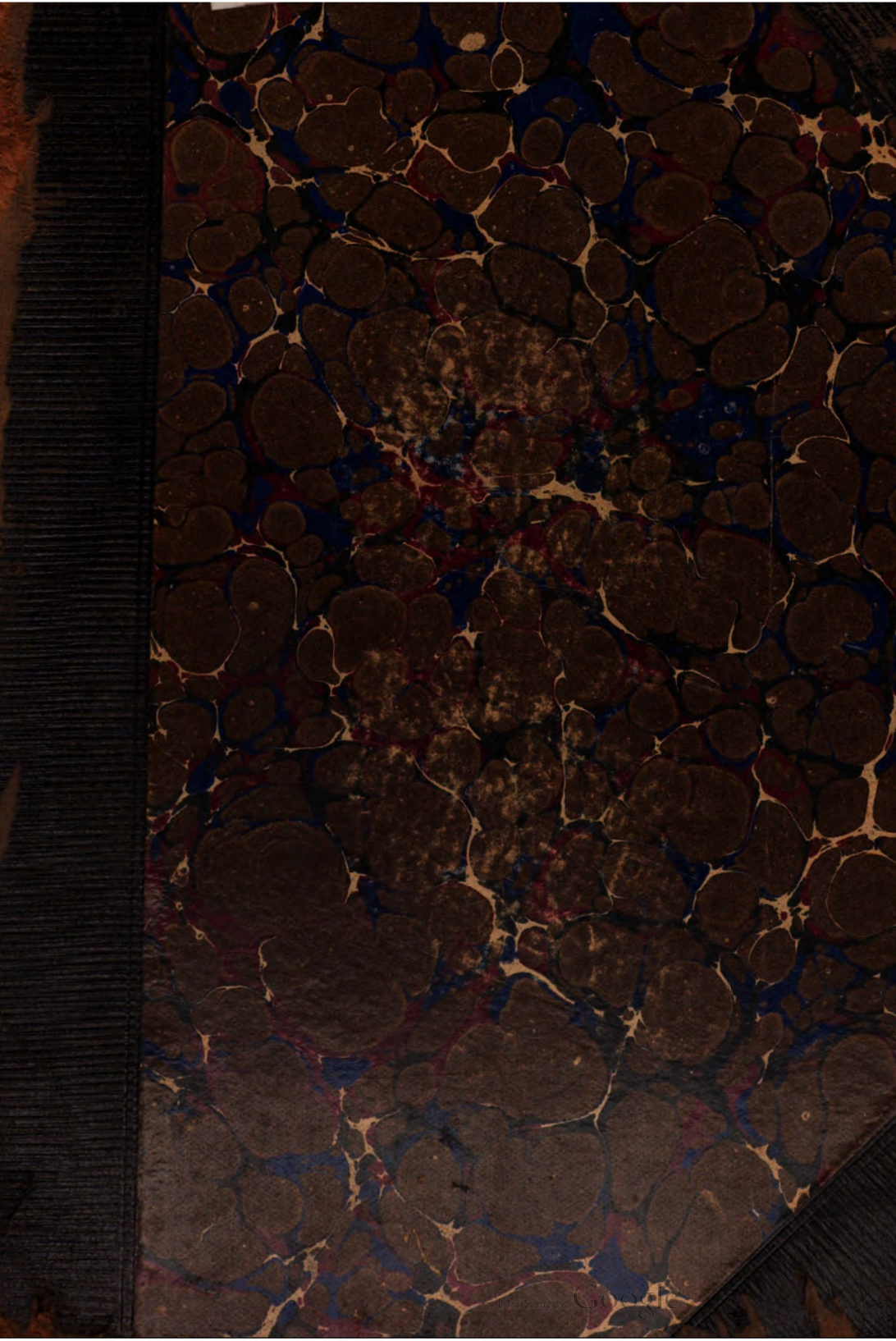
Das Ziel von Google besteht darin, die weltweiten Informationen zu organisieren und allgemein nutzbar und zugänglich zu machen. Google Buchsuche hilft Lesern dabei, die Bücher dieser Welt zu entdecken, und unterstützt Autoren und Verleger dabei, neue Zielgruppen zu erreichen. Den gesamten Buchtext können Sie im Internet unter <http://books.google.com> durchsuchen.

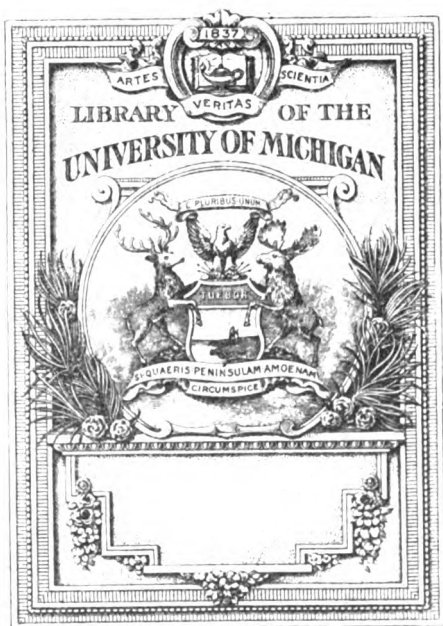
This is a reproduction of a library book that was digitized by Google as part of an ongoing effort to preserve the information in books and make it universally accessible.

GoogleTM books

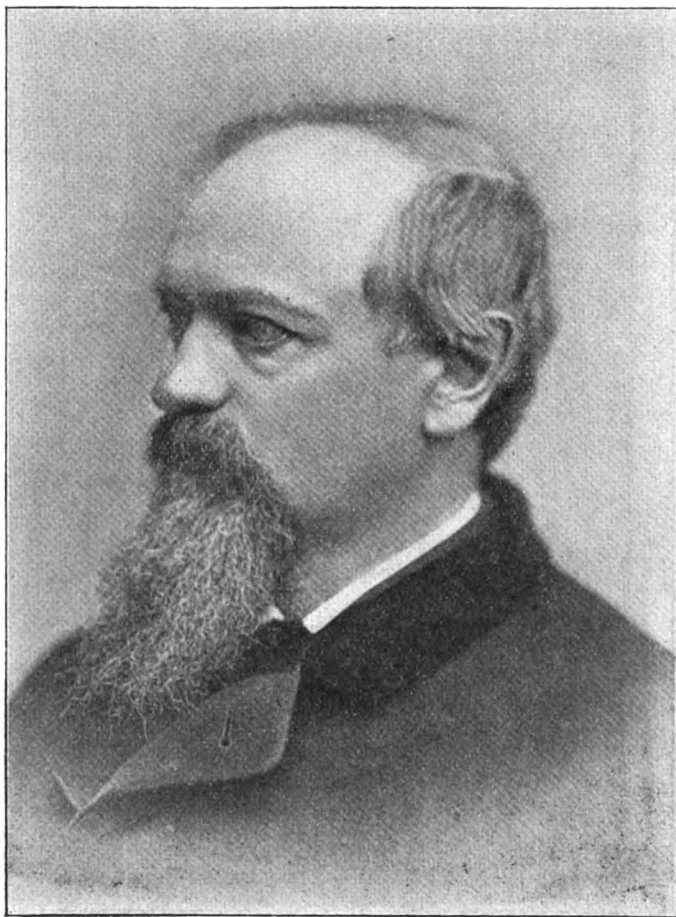
<https://books.google.com>







1000
1000
1000



JOSEPH A. BIEGLER, M. D.

THE MEDICAL ADVANCE

VOL. XLI.

CHICAGO, JANUARY, 1903.

NUMBER 1

THE TEACHINGS AND INFLUENCE OF SAMUEL HAHNEMANN.*

A REPLY BY H. C. ALLEN, M. D.

I seek after truth, by which no man ever yet was injured.—*M. Antonius.*

When our attention was called to the above lecture we requested permission of Dr. Quine to reply, in defense of Hahnemann and Homeopathy, before the same class to whom the lecture was delivered. This Dr. Quine readily granted and as he is Dean of the Faculty we presumed it settled by authority. The following day we received a note asking us to call at his office when we were informed that he thought he was hasty in granting permission and that the matter had better be referred to the faculty for its decision. The result was the following courteous? note so entirely different in tone that we let the matter drop indefinitely:

PROF. H. C. ALLEN:

April 19th, 1902.

The faculty of the College of Physicians and Surgeons declines to entertain you on its premises to the extent of conferring upon you the freedom of the institution to exploit opinions which are rejected by the world of science as irrational and untenable and are even repudiated by an overwhelming majority of the practitioners of your own sect.

Notwithstanding this decision it would give me great satisfaction to present your views on any phase of Homeopathy to the students and alumni of this college; and to this end I hereby authorize you to employ, at my expense, any stenographer in Chicago to report your utterances for publication in the college paper, "The Plexus."

Courteously yours, WM. E. QUINE.

We have neither the time nor inclination to reply seria-

*A lecture delivered to the students of the College of Physicians and Surgeons, March 22, 1902, by Wm. E. Quine, M. D.

tum, nor to refer to all the senseless inuendoes in the unfair and sarcastic language used by Professor Quine in the discussion of a scientific question, for a science founded on natural law cannot be uprooted by sarcasm or ridicule, no matter how keen.

In the opening sentences he says:

I have come not to attack Homeopathy, but to explain it; and I have no temptation to embitter or mislead your minds by rancorous or by untruthful words.

Yet, notwithstanding this apparently honest disclaimer we venture the assertion that no unprejudiced and intelligent man or woman can read this lecture and pronounce it either a fair or a truthful explanation of Homeopathy, and it was not intended to be. And further neither Professor Quine nor any other allopathic physician, however honest, can fairly or truthfully explain to a class of students what Homeopathy is, for if he honestly did it he would not be an allopath. No man can truthfully explain what he does not know; and no man, not even Professor Quine, can *know* what Homeopathy is without an experimental clinical trial in the treatment of the sick. The only system of therapeutics the world has ever known that has stood unchanged for one hundred years, cannot be "turned down" by a flippant sneer or slangy joke from an egotistic college professor. One hundred years ago, purely in the interest of science, Hahnemann asked the doubters and unbelievers in the medical profession to put the law of similars as expounded in the *Organon*, to a practical experimental test, and publish the failures to the world. This challenge has never been accepted. It remains good for Professor Quine and his students.

The first of the doctrines of Hahnemann, both in the order of announcement and in importance, is the so-called "Law of Cure" set forth in the words, *Similia Similibus Curantur*.

This "law" is expounded by its alleged discoverer as follows: "Diseases exhibiting certain symptoms are to be cured only and are cured invariably by medicines which produce similar symptoms in a healthy person."

"Such medicines are termed the 'similima' of the disease."

"It is not possible," he says, "to perform a cure but by the aid of a remedy which produces symptoms similar to the disease itself."

"It is an infallible unerring law."

"The great sole therapeutic law."

"A mode of cure founded on an eternal infallible law of nature."

These quotations are from the *Organon*, and have been adopted as true, and verified by hundreds of careful observers in the treatment of the most virulent acute diseases—Asiatic cholera, yellow fever and the bubonic plague—as well as chronic diseases innumerable that had been abandoned as incurable by other modes of practice. Professor Quine is respectfully requested in the interest of truth and science, to put them to the clinical test and "publish the failures to the world". He cannot know its truth or its worth if he has had no practical experience.

A QUESTION OF HONESTY AND VERACITY.

In beginning his lecture Professor Quine disclaims every thing but an honest investigation of a scientific question, for he says: "I have come not to attack Homeopathy but to explain it, not to mislead by rancorous or untruthful words." And yet in his lecture before the students of Dunham College he accuses Hahnemann of dishonesty in claiming "the doctrine of similars as his own invention," another illustration of the truth of the old saw that "a little learning is a dangerous thing", for if he had read the introduction to the *Organon* from which he freely quotes when it suits his purpose, he would find that Hahnemann gives due credit to his predecessors for their observations. Let us compare the statements of:

DR. HAHNEMANN.

"The following quotations from authors, having a presentiment of Homeopathy, are not brought forward for the purpose of proving the stability of this doctrine, sufficiently firm in itself, but they are introduced to escape the accusation of having ignored those presentiments for the sake of the credit of securing the priority of the idea."

AND DR. QUINE.

"Let me prove to you by quotations garnered by the late Prof. A. B. Palmer and myself [from Sympson] that the so-called 'law of similars' was common property hundreds of years before Hahnemann was born."

And he adds: "It cannot in reason be maintained that Hahnemann had never read of the doctrine of similars, for he was a man of great

Here follow the names of authors—Hippocrates, Paracelsus, Theophrastus, Stahl, Boulduc, Detharding, Berthelon, Thoury, Von Stoerk, “who had presentiments that medicines, by their power of producing analogous morbid symptoms, would cure analogous, morbid conditions.”

Hahnemann also quotes Sydenham, Kentish, Bell, Anderson John, Hunter and others in the treatment of burns by similars.

literary attainments and for many years had earned his living by literary work. I think there are few men in the world to-day as well versed in the history of medicine as Hahnemann was. It was not ignorance, then, which led him to claim the doctrine of similars as his own invention; it was dishonesty. It is not ignorance on the part of homeopaths of to-day which leads them to claim the doctrine of similars as the discovery of Hahnemann and the peculiar and exclusive property of their sect; it is dishonesty.”

HAHNEMANN INSISTS ON REMOVING THE CAUSE.

Now, in a disease from which no manifest exciting or maintaining cause has to be removed * * * It is not necessary to say that every intelligent physician would first remove this where it exists; the sickness thereupon generally ceases spontaneously. He will remove from the room strong-smelling flowers, which have a tendency to cause syncope and hysterical sufferings; extract from the cornea the foreign body which excites inflammation of the eye; loose the over-tight bandage on a wounded limb that threatens to cause mortification and apply a more suitable one; lay bare and put a ligature on the wounded artery that produces fainting; endeavor to promote the expulsion by vomiting of Belladonna berries, etc., that may have been swallowed; extract foreign sub-stances that may have got into the orifices of the body (nose, gullet, ears, urethra, rectum, vagina); crush the vesical calculus; open the imperforate anus of the newborn infant, etc.

It (the law) prohibits us from dealing with causes and requires us to limit our efforts to the effacement of effects or symptoms.

Hence you need not bother about etiology, pathology and diagnosis and it isn't necessary to know anything about anatomy, physiology, chemistry or bacteriology to be a good Hahnemannian.

In short, in every case of disease leave causes alone; for “it is an indubitable truth that the sum of all the symptoms is the sole guide to direct us in the choice of a curative remedy.”

Now that is mere nonsense. Every one knows that the first thing to be done in disease is to remove the cause, if possible; but Hahnemann asks us to believe that if we efface the effects, the cause will cease to act. The fallacy of this assumption is a fact of familiar knowledge

Professor Quine says:

The "Law" excludes the use of antitoxins and other antidotes and of physiologic restoratives. No one claims that diphtheria antitoxin given to a healthy person produces symptoms like those of diphtheria.

No one claims that thyroidein is the similimum of cretinism or myxedema.

Yes! both Diphtherinum and Thyroidinum* have been proved on the healthy, and strange as it may seem to Professor Quine, the symptoms are *quite similar* to the diseases mentioned. When "Thyroid feeding" was introduced by Murray in 1892, many accidents, some fatal, occurred from over feeding. Cases were reported by Dr. Clark in the *World* and by Dr. Joussett in *L'Art Medical*, which formed the basis of the pathogenesis. They were toxic, of course, but so are many of the symptoms of Opium, Ergot, Arsenic, Mercury, etc., but valuable because drug effects on the healthy. The effects of antitoxin are not so reliable, because of the carbolic acid or other preservatives used. Yet the pure diphtheritic poison, when potentized, has made some marvellous cures of diphtheria and post-diphtheritic paralysis, especially in cases treated by large doses of antitoxin.

Is it possible that Professor Quine and his colleagues have been practicing Homeopathy without knowing it in the use of Antitoxin and Thyroidin?

The "Law" excludes no remedial agent; every remedy comes within its sway. But it demands that they be removed from the field of empiricism by being tested on the healthy. And this work was instituted by Hahnemann, the most painstaking, practical achievement in behalf of medical science ever accomplished in the history of medicine.

Professor Quine, in common with others in all schools of medicine, evidently has yet to learn that there are two kinds of symptoms, entirely different in their value and significance—the diagnostic and therapeutic—the former general in character and relating to or defining disease, the latter belonging to the individual and distinguishing the personality of one patient from another. The more valu-

*See pathogenesis of Thyroidinum on another page.

able the symptoms for diagnosis, the less valuable for homoeopathic therapeutics, because less individual. He translates the symptoms into a disease—a diagnosis—and then prescribes for the disease; hence has no use for and knows nothing of the value of therapeutic symptoms.

Dr. Hahnemann and Dr. Quine were educated in the allopathic school, and each were taught to treat the disease. Dr. Hahnemann found, and we presume Dr. Quine has by this time, that a prescription that would cure one case of pneumonia would have little or no effect on others. A remedy lauded to the skies one year would be discarded as worthless the next, and with this routine practice which had been in vogue for centuries, Dr. Hahnemann became dissatisfied and began his search for light, and by accident found *applied law* in the therapeutic world, just as guiding and unerring as that of chemical affinity. Dr. Quine is still wrestling with the routine, ever changing, empirical methods of antiquated medicine, yecept scientific, even declining to look through Galileo's telescope for fear he will see Jupiter's moons.

What arrant nonsense for a Professor of Practice to proclaim to a class of students who look to him to teach the truth, that "a good Hahnemannian does not need to know anatomy, bacteriology, chemistry, diagnosis, etiology, pathology, physiology, etc." In the light of the opening sentence: "I come not to attack Homeopathy, but to explain it; not to embitter or mislead by rancorous or untruthful words," how does this look? Has it the imprint of truth or honor? How would it sound if we were to say that for therapeutic purposes it is not necessary for an allopathic physician "to bother" with English, Latin, Mathematics or Physics? By the laws of the land the Hahnemannian must pass the same examination on all these branches as Dr. Quine and his students and they are just as essential for one school as another. An accurate diagnosis is just as necessary for the Hahnemannian as for the Allopath or Eclectic, but not for the same reason. The latter prescribes for

his diagnosis and he must in some cases be mistaken; then his patient suffers.

Every homeopath in the world knows that the "Law of Similars" is not what Hahnemann claimed. There is not a homeopathic teacher in existence who would dare to say to a class of students: "Only that which is necessary for a physician to know of diseases and what is fully sufficient for the purpose of cure is rendered evident to his senses."

Here is the other side. Every homeopath in the world who has followed Hahnemann's directions explicitly, and there are hundreds of them, knows that the law of similars is just "what Hahnemann claimed." And to every allopath in the world the old challenge is again repeated: "Put the law of similars to a practical bed-side test, as directed by Hahnemann, and publish the failures to the world."

There are many homeopathic teachers in this city who not only teach but demonstrate in the clinic that the totality of symptoms is the only guide for the selection of the remedy in the cure of the sick. They believe it is true because they have verified it in hundreds of cases of all forms of acute and chronic diseases. They know that Hahnemann was right when he wrote:

The totality of the symptoms, this outwardly reflected image of the internal essence of disease, must be the principal, indeed the sole means, whereby the disease can make known what remedy it requires—the only thing that can determine the choice of the appropriate remedy—and thus the totality of the symptoms must be the principal, indeed the only thing the physician has to take note of in every case of disease, and to remove in order that it shall be cured.

It is not conceivable, nor can it be proved by any experience in the world, that, after the removal of all the symptoms of the disease and of the entire collection of the perceptible phenomena, there should or could remain anything else besides health.

These teachers have put the above to the clinical test and they not only "dare say" but boldly proclaim its truth to the world. If Professor Quine will put them to the same test he will then be in a position to give an opinion, and our word for it he never need worry over his patients who are symptomless. Hahnemann even goes farther and in a foot note to § 12 says:

How the vital force causes the organism to display morbid pheno-

mena, that is, *how it produces disease*, it would be of no practical utility to the physician to know, and therefore it will forever remain concealed from him.

“For the purpose of cure” what more does Professor Quine require than what “is rendered evident to his senses” by physical examination and chemical, microscopical and bacteriological analysis?

Undoubtedly many homeopaths still believe that there is an important element of truth in the proposition that “Like cures Like”; but there isn’t one in the world who doesn’t repudiate and disown its claim to universality and infallibility, every day of his life by employing measures and methods of treatment which are in conflict with it.

Does Professor Quine judge homeopaths by himself and his colleagues, when he says there is not one honest man or woman in the homeopathic ranks? Has dishonesty become one of the fine arts in the medical profession? But as a matter of fact what does he know, what can he know, of the practice of even his next door neighbor to say nothing of the practice of his homeopathic colleagues the world over? He also says. “I came not to attack homeopathy, but to explain it, not to mislead by untruthful words” the innocent trusting student who looks to his teacher for an honest explanation of a scientific problem.

This process of individual repudiation has been going on for many years, and less than two years ago it culminated in concerted action. At the annual meeting of the “American Institute of Homeopathy,” the largest body of homeopaths in the world, in Atlantic City in 1899, it was decided by vote to change the battle cry of the alleged followers of Hahnemann in consonance with their convictions as to the facts of science. This change was made by artfully substituting the letter *e* for the letter *a* in the second syllable of the word *curantur* so as to make it read “*Similia Similibus Curentur*.” Hahnemann thundered forth “like cures like;” but his *pretended* followers of today lisp bashfully, “like *may* cure like.” Nobody can object to that proposition. I accept it cordially. But—poor old Hahnemann! King Theory is dead and reason reigns again.

In a tirade of many pages this is the best criticism Professor Quine has to offer and is the nearest correct, although the Latin experts of the American Institute differ with him and have translated it “*Let likes by likes be cured*.” His “pretended followers” however carried the resolution by a small

majority, and very few of those who profess to follow Hahnemann's practice were in favor of the change. But it was made, and on this technicality—the difference between the indicative and subjunctive mood—is based the renunciation of the universality of the law of similars. This is mere subterfuge and neither affects the law nor the action of the remedy.

THE ATTENUATION AND POTENTIZATION OF DRUGS.

Dr. Quine now tackles the great stumbling block of Allopathy, that which has blocked the pathway of investigation for many an honest man, the question of the dose; quoting freely from the *Organon* what seems to serve his purpose of ridicule and omitting the context, as usual. We give his amusing mathematics copied no doubt from Sir J. Y. Simpson, for amusement and instruction?

Liquids are potentized by adding one drop (of the tincture) to ninety-nine drops of alcohol and shaking the mixture. This constitutes the first attenuation. Thus the first contains $\frac{1}{100}$ of a grain or drop of medicine. One grain of the second contains $\frac{1}{10000}$ of a grain of medicine. One grain or drop of the third $\frac{1}{1000000}$ of a grain of the medicine. One grain of the thirtieth contains one decillionth of a grain, i. e. a fraction whose numerator is 1 and denominator is 1, followed by 60 ciphers.

Suppose a grain of chalk be carried to the 30th potency, how much sugar of milk will be required?

"A decillion grains."

How many grains in a pound?

"7,000."

How many carloads in a decillion grains?

"2500 million, million, million, million, million, million, million, million carloads of 25 tons each.

Allowing 200 cars to the mile and the distance from the earth to the sun one hundred million miles, how long would the train be? And a grain of this mixture taken from any one of the cars is the homeopathic dose. A drop of "mother tincture" shaken, not too hard, with eleven quintillion hogsheads of alcohol of 140 gallons each, makes the 30th potency. If a gallon of this were given daily to each of the 500,000,000 people on the earth it would take them fifteen trillion years to consume that one drop of "mother tincture."

If you did not know that these statements are easily refuted, in case they are not true, and that my reputation as a teacher is back of the statement that they are true; you could not believe that I am speaking in soberness and sincerity.

This learned mathematical demonstration of a scientific problem all hinges on the small word "if." If the entire menstruum were used? *But it is not* and the Professor knew it was not when he made the mythical statement to his confiding students, and if "my reputation as a teacher" is not better in other subjects, his veracity and honesty may be and perhaps have been seriously questioned. How easy it would have been to have quoted § 270 of the Organon and let Hahnemann explain this process:

Thus two drops of the fresh vegetable juice (tincture) mingled with equal parts of alcohol are diluted with 98 drops of alcohol and potentized by means of two succussions, whereby the first development of power is formed, and this process is repeated through 29 more vials, each of which is filled three-quarters full with 99 drops of alcohol, and each succeeding vial is to be provided with one drop from the preceding vial, and in its turn twice shaken, and in the same manner at last the 30th development of power (potentized decillionth dilution) which is the one most generally used.

By Hahnemann's simple process, the millions of car-loads of sugar of milk or trillions of hogsheds of alcohol can be put in 30 one drachm vials and carried in your pocket, a practical demonstration of the difference between Hahnemann's fact and Quine's fiction. The 30th potency has withstood the ridicule of Simpson, Holmes, Palmer and their colleagues for many, many years and this rehash of Quine will not detract one jot or tittle from its worth; while hundreds of allopaths equally learned, equally honest, scientific and skillful who have put it to the bedside test are praising its wonderful curative efficacy in all forms of acute and chronic disease. Alumina, carbo, chalk, graphite, lycopodium, salt, sepia, silex, the metals and the animal products which are wholly inert in their crude form, become when potentized active health deranging and health restoring agents. Try them and publish the failures to the world.

THE FACTS OF CHEMICAL AFFINITY.

Does Professor Quine ridicule the facts of bacteriology, chemistry, pathology, physiology, which he cannot explain? The law of chemical affinity is just as mysterious and unexplainable as the law of similars; do we reject it because we

cannot explain it? Oxygen, the supporter of combustion, and hydrogen, the most combustible substance known, unite in certain fixed proportions to form water, a fact which no amount of logic or reason can explain. Without a practical laboratory test it cannot be believed; and yet no student doubts it for he has seen it done, just as thousands of intelligent men and women do not doubt the law and the potency for they have seen them verified hundreds of times.

MEDICINES BY OLFACTION.

It is a well known fact that many morbid as well as medicinal agents derange health by olfaction. The contagious, infectious and malarial diseases—measles, whooping cough, scarlet fever, small pox, chicken pox and perhaps diphtheria, hay fever, yellow fever, etc.—are received by olfaction. The effects of amyl nitrite, glonoine, ipecac, chlorine, lead, phosphorus, mercury, rhus, cactus, melilotus, are well known examples of disease producing agents by olfaction, and they are equally effective as curative agents by the same process. And many of them are admirable examples of the effects of a single dose both in causing and curing disease. Professor Quine may sneer at drug olfaction and use the elegant, scientific expression “Hully Gee,” but put them to the test and publish the failures.

A student of Sir J. Y. Simpson, in 1847, who took his gold medal in gynecology and obstetrics in 1851-52 and became his private assistant in 1855, says in explaining his change from Allopathy to Homeopathy: “During my career as a physician I always took a decided stand against Homeopathy and its practitioners, believing as I did most sincerely, that Hahnemann and his followers were not only deceived, but in turn they were deceivers. The whole seemed to me, in my then professed ignorance of the subject, so preposterous, and so far beyond the bounds of human credibility and reason, as that no ordinary man could be blamed if he refused to give it even a hearing. I was one of the physicians of Liverpool who took an active part in attempting to put down Homeopathy. Like the apostle of the Gentiles, I have persecuted the truth in an-

other form, and I now with bent knees, exclaim *peccavi*, and trust to be forgiven." This is the confession of one of the ablest Homeopaths of Great Britain; one of the bitterest opponents of Homeopathy, who adopted the practice after putting it to a practical test, and strange to say began with the high potencies. TRY IT PROFESSOR QUINE AND PUBLISH THE FAILURES.

THE SEARCH FOR THE REMEDY.

BY S. L. GUILD-LEGGETT, M. D., Syracuse, N. Y.

CASE I. May 17, 1901. Mrs. M., between fifty and sixty years of age, during the process of a dress-fitting, complained of an attack of indigestion, causing pain at the cardiac end of the stomach immediately after eating. She said she *knew* it was "indigestion" as she had always at these times a puffy eruption, which appeared about to vesiculate, somewhere about the hands or upper extremities, and puffy blisters inside the lips. These conditions were always accompanied by ineffectual urging for stool, described as undigested, dark balls. She further said that the urine was profuse and acid; that she had always taken medicine for the bowels; that she had great thirst for large quantities of water, and was naturally a cold person.

Having told me this she asked me what she should take. I asked if she wanted me "to prescribe," knowing that she had long employed a homeopathic (?) doctor not noted for his accuracy. She said "yes," that she no longer employed him.

Telling her that although several remedies came to mind, I could not decide which would be best without reference to their characteristics; that the condition was peculiar and only to be met by the right thing; that she had had sufficient of "snap-shots" and I preferred not to add to them. I promised to send medicine.

Upon reaching my office, jotting down the symptoms, and having a fair opportunity to look at them squarely, I

found but one remedy having "blisters inside the upper lips," Natrum. m. The other symptoms fell into line at once. Ineffectual urging to stool, Natrum. m.; sheep dung stool, Natrum. m., thirst, scant stool, coldness, Natrum. m.

In about two weeks the patient reported a daily stool for some time, and for the first time in her life that she could remember. This better condition continued until she had congestion of the lungs, which was during my absence from town. She then employed one who prescribed in the *same old way*, and soon after submitted to have the palate clipped by an old school specialist recommended by a friend. This case seems to be one of a class that illustrates the clearness with which a leading or peculiar characteristic will point out the remedy and cure the case. It was a "key-note" to the condition, but how rarely do we meet key-notes; at least I can vouch for the rarity in which they appear in my practice.

CASE II. C. D. P., Sept. 17, 1892, came with the following conditions:

For three years emissions. For three months has probably not missed five nights in the month without emissions. I was the ninth physician, old school and new, to whom he had applied. Emissions: in sleep; without dreams; < lying on back.

Emissions, after; weakness, palpitation, pain in knees, sick all over, good for nothing; inclined to cry.

Pain, across loins; under left scapula.

Pain in cardiac end of stomach, < eating, < cold food.

Pain in stomach as of lump, > by whisky.

Urine: passing of whitish fluid with.

Catarrh: (for which has had local treatment), dropping in throat, tickling, causing cough, < mornings.

Expectoration: white, thick, tough, hard lumps from naso-pharyngeal cavity, < mornings; difficult to expel, but odorless.

For two or three years twitching of eyelids. At one time twitching of feet. Pain: extending from knee under-

neath the calf. Liability to colds. There was no history of excessive sexuality, or of specific inoculation.

Abbreviating a study that might become tiresome, the following symptoms will give the pith of the matter: < by emissions; twitching eyelids; jerking legs; Agar; Carbo v.; Lyc.; Puls.; Sep.

Worse lying on back; stinging in scapula; palpitation and inclination to weep; by exclusion; Puls., Sep.

Weakness; pressure in stomach after meals; expectoration mornings; by exclusion; Puls., Sep.

Disposition to colds; frequent emissions; by exclusion; Puls., Sep.

Palpitation: after emotion; from emotion; Sep.

From 13 symptoms. Puls., number 11, strength 17: Sep., number 13, strength 29.

Referring to the *Materia Medica* I found a clear picture of the case in *Sepia*, and gave one dose of Sep. 3m. (F.)

Oct. 4, '92. But three emissions. This the eighth day since has had any. Still "shaky" over new projects, which he can do well enough if he makes the effort. Stomach: before the prescription, had dreaded the clothing to touch, much better. Pain cardiac end of the stomach, gone. Emissions followed by less painful symptoms. Twitching of eyelids, better. Inclined to ugly temper for a day or two. Stronger.

Oct. 12, '92. But one emission, lame, stiff shoulder, < waking in night; no pain in stomach after eating, better appetite, catarrhal symptoms better until caught heavy cold, less nervous, no twitching, stronger, sleeps well, but feels dragged out. Placebo.

Nov. 28, '92. Had had pains in region of heart, size of hand, and soreness in region of stomach, which was immediately relieved by stopping coffee. Slept well, no trouble with emissions. Placebo.

Feb. 28, '93. For about ten days has suffered from emissions, weakness and pains; stomach pains, catarrh, twitching of eyelids. Sep. 50m. (F.)

June 21, '93. Emissions again for two weeks, every

night for past five nights, followed by weakness and pains; lame in small of back, catarrh not bad. Sep. cm. (F.)

Jan. 24, '94. An occasional emission. Constant sniffing from catarrhal irritation. Sep. 50m. (F.)

This ended the need for medication because of emissions, and seems to me to show that the homeopathically indicated remedy, suited to the constitution, will lift the vital force out of such conditions, and permit a normal adjustment to the ordinary burdens of life.

What do I consider the constitutional signs of disturbance? That which Hahnemann, in "Chronic Diseases," describes as "secondary disease," and in which psora usually terminates: *i. e.* active psora. "Nightly emissions accompanied by physical and mental depression; disposition to colds; palpitation; pain and soreness in stomach," etc., etc. These are the generals and the remedy which can completely cover the generals, in a curable case, will usually be found to group all the particulars so clearly that the physician, referring to the *Materia Medica*, finds in either the verified symptoms, *i. e.*, those most commonly and frequently indicated, or the provings, so perfect a picture of the sickness presented, that he gives the remedy without fear of results.

The best teachers advise a grouping, first of the "generals," and then individualization by "particulars." This method has exceptions as to results in obscure cases, of course, either because of the incurability of the diseased conditions, or the still incomplete compilation of facts concerning the action of various medicines, known and unknown, which are collected in the *Materia Medica*. This grouping of "generals" is difficult to the beginner. Given a case, carefully taken; when first reviewed it seems to him chaotic. He sits down and carefully rearranges the record (according to regional disturbances) which comes to him just as the patient happens to think of his various distresses.

He again reviews, finding the case a little less chaotic, but what are the "generals," and what are the "particu-

lars?" We are told that the "generals" are those symptoms that the patient ascribes to "I," the modalities to which "he" is subject, according to time, circumstances, etc. Suppose there are none, *i. e.*, suppose the physician has collected little that looks to him like an aggravation of the man "according to the time and circumstances," how go about a solution of the problem? If the wind, the weather, the position under which the patient finds himself do not affect him, what shall the physician call "generals?" The only answer seems to be "regional" symptoms or conditions, *i. e.*, he must find a remedy that is sufficiently deep or broad to cover the affected regions. If the patient has had catarrh of head and throat for years, has had a sensitive stomach all his life, and comes for cure of the symptoms of a later development in the sexual system, has he not to select a remedy which is capable of producing like conditions in these various regions? It has seemed to me that the cause of failure by the homeopathic (?) physicians preceding me, in the case cited, was the failure to recognize this fact, and to cover the constitution of the patient. They had, most evidently, given remedies which had produced emissions in a perfectly healthy organism, which were not preceded by the disturbances here mentioned. The result of such proceeding would be nil, except by chance, and any effect upon this exhaustive drain upon the system, could only be temporary, if touched at all. Besides, the progression of the cure, the healing of the last conditions first, and those of longer standing last, is just what Hahnemann taught. It is true also that in a case like this, removal of the symptoms of annoyance which brought the physician a patient, will cause the patient to become careless of the older symptoms. *i. e.*, catarrh, etc. He will think them of less consequence, and cease his visits before the physician believes him to be cured. That is, he would realize, as in this case, that continued exposure and, extraordinary depression of the vital force, would cause aggravation of the catarrhal condition, etc.

Ten years is quite a time to allow for knowledge of one

patient, but of this one I know that he has never again been subjected to this exhaustive drain upon the system, although he has been subjected to severe trials, and has had periods of considerable catarrhal irritation, which he has considered, usually, too insignificant for application to the doctor.

Ten years in practice makes the diagnosis of a remedy more familiar work, and sometimes shortens the labor. In this case I have simply copied the original study which, as you may see, covers all the symptoms, therefore both "generals" and "particulars."

CLINICAL CASES.

BY J. H. ALLEN, M. D., Chicago.

SKIN CLINIC; HERING MEDICAL COLLEGE.

CASE I. Mr. C. E., age 40, blonde, fleshy; contracted syphilis six months ago. Had the initial lesion cauterized and received treatment from an old school physician for six weeks. At the usual time, secondary symptoms make their appearance in the following order; roseola on forehead, ulcers in mouth, lips, buccal cavity, soft palate and throat. Superficial in character, ulcers very red, sore and tender to touch of food. Tongue coated white; saliva sticky, frothy, viscid; corners of the mouth slightly fissured; lips dry, sticky. Merc sol. 1m. Improved rapidly the first week, then grew worse. The new or added symptoms were large, flat-topped, scaly papules about the nostrils and chin, grouped together in little rings. Saliva still scanty, very sticky; lips very sore, corners still fissured; ulcers spreading in mouth and throat; mucous patches increasing. Cundurango 1m in water every two hours during one day. Rapid improvement of all the symptoms, except the ulcers in mouth. Four weeks later; papules are increasing on face; ulcers growing deeper; ulcer in right nostril; ulcers being red in center with grayish deposit about the edges. Symptoms worse at night. Osteoscopic pains when the weather changes, extremely anxious about

his case, not hopeful. Otherwise he is in perfect health. Merc. sol. 1m with improvement at once. No medicine for six weeks, when a slight return of eruption, induced me to give a higher potency. Merc. sol. 50m cured the case, as so far no symptoms have re-appeared.

CASE II. *Eczema*. Mr. A. B., age 50. *Eczema fissum* of both hands; symptoms worse in spring and fall; worse working in the wet or dampness; fingers and whole hands crack open and bleed, up to wrists; skin of hands and of whole body dry and harsh, no perspiration and no moisture whatever in the skin, worse bathing the hands or body. Sulphur cm. one dose cured in three weeks.

CASE III. *Lupus Erythematosus*. Mr. C. E., age 60, a stout, healthy German, with a history of painter's colic, cured twenty years ago by Dr. Jacobi of New York; also a history of chilblains, every winter, cured by local applications. Two years following the cure of his painter's colic a lupoid spot appeared on the lobe of left ear and gradually spread over face, from left to right, bright red, scaly; thick white scales form in the fall and winter only; disease increases in severity as the winter advances and decreases as warm weather approaches. By mid-winter the scales cover the lesion, giving it a fish scale appearance, and large pustules form, very itchy, better from rubbing off the scales. The trouble slowly disappeared under the use of Petroleum in a high potency. Now under treatment one year. This case is an exceedingly interesting one to me, as very few, if any, cases are cured. They occur only in individuals with a tuberculous history and are generally accompanied by a loose bronchial cough of a catarrhal nature. Lungs seldom involved. There is no ulceration, although pustules sometimes form, due to plugging up of the sebaceous ducts.

SYPHILIS—A CASE.

By B. LeB. BAYLIES, M. D., Brooklyn, N. Y.

On the 19th of October, nineteen hundred, I saw in bed a young man about twenty-four years of age with these

symptoms: A little soreness of left side of throat while talking, scabby scales on the auricles of the ears, and on the scalp; itching on the scalp in the evening; also a red raw spot secreting moisture behind the corona glandis on the left side. Subjective symptoms: Drawing pain with soreness and burning in the epigastrium. This pain causes him to catch his breath; pain and soreness of the sides of the walls of the chest, the left side especially; pains of the chest extend around to the shoulder blades and supra spinatus or trapezius muscles, with pain and stiffness in the muscles of the nape and sides of the neck, and tenderness of an enlarged cervical gland of the left side; pricking inward as from needles in the lower sternum; he rolls about when suffering. Stiffness of the neck passed off during sleep; epigastric pain, better drinking hot water, worse cold water; no distress after eating, no distension or gas; while talking, at times vibration of *alæ nasi*. Recipe. *Lycopodium* 45m. solution once in three hours.

October 20th. Aggravation began last evening as the evening before, between five and six p. m., very severe, but possibly not so protracted as night before. Recipe, at five and ten p. m., if suffering, *Merc. v.* 30 m. (F.)

22nd. Some apparent relief from *Mercurius* does not continue; pain has extended more to right infra lateral region of chest; painful throbbing at intervals in epigastrium and right hypochondrium. Eruption of red elevated spots or blotches on forehead, scalp, under the hair, on cheeks and chin; a few on forearm. Recipe. *Merc. v.* 30m. at 2 p. m.

24th. Aggravation of pain began about six last evening, fever at seven. With pain in stomach and hypochondria sat bent forward; with fever, thirst, drinking but a few swallows of cold water at a time as it aggravated pain in stomach; stiff neck, pain in tops of shoulders, along clavicles and the whole back; the right deltoid muscle; all the painful parts sore. Rubbing downward over scapulæ caused escape of flatus with relief; burning and soreness below cardiac region; wall of epigastrium drawn in during pain there. When it remits at intervals, the pain begins in the right

hypochondrium, right side of abdomen, and right loin. Throbbing pain in kidney region extends up the back, throbbing and pinching in epigastric walls at times. Some red papular blotches have appeared on the forehead, like those on the abdomen, itching; no increase of saliva or abnormal swallowing. Took an amateur prescription last night from his mother, Aconite 9c., and had in half an hour profuse perspiration. Graphites. Calcareæ, Platina and Pulsatilla, have throbbing, pinching in the stomach. Graphites better from warm food. Recipe. Graphites cm. at night, dry.

25th. Eruption of red papules on the left side of the integument of penis; after the Graphites less pain in the stomach, more sleep; some relief from getting out of bed

28th. Graphites cm., dry.

November 5th, and 12th. Saw him at my office, improved.

December 2nd. Red spots on the face rather more marked after a convivial night; headache the following morning, more above the right eye, and of right frontal eminence. Throat presents white patches with bright red inflamed margins encircling the commissures of velum palati and uvula, and on the velum and columnæ faucium of each side; little swelling, the throat feels dry, somewhat closed, the palate thickened; slight mucous secretion hawked this morning; no difficulty in swallowing liquids; rather abnormal disposition to swallow; tongue white coated, not indented, breath not fetid. Recipe. Sepia, 90m., in solution every three hours.

Dec. 6th. Membrane has to a large extent fallen off, leaving ulcerated spots, throat feels less dry, and constricted, but somewhat closed. Uvula much swollen and elongated, touches the tongue; better warm drink, hot milk; desire to swallow saliva frequently; no heat in throat or odor from it, worse swallowing solids. The inside of the nose feels dry and drawn, more on the septum, in both nostrils; he picks off scales and bloody crusts, leaving a sore beneath them; another crust forms in the same place; blows some thick yellow mucus, rather tenacious and lumpy, not stringy,

from the nose; has some pain in the biceps of the right arm, and fixed pain in the left shoulder, and below the left shoulder blade, worse by moving. Recipe. Merc. iodat., 45m. solution, every three hours.

Dec 7th. Discharge from nose, greenish yellow; headache and pains through left shoulder, scapula and right arm better, subjective symptoms of the throat the same; pain in both ears not worse in swallowing; tongue decidedly indented at margins, some increase of saliva, fœtor of breath; apparently a white slough at junction of velum palati and uvula, left side; uvula still elongated, somewhat swollen; nose rather clearer, swallowing more difficult; in swallowing, first swallow most difficult, (worse beginning of motion). Eruption of papulæ vivid and increased. Last medicine seemed to aggravate some symptoms.

Dec. 8th. Had a better night, throat feels more open, slough at commissure of palate and uvula not separated; swallowing saliva more difficult than of soft solids, fœtor of breath less; no pain in right arm, some thoughtless pain in left shoulder, coming on about five p. m. as usual. Recipe. Merc. prot. 45m., a dose dry.

Dec 9th. More pain in throat and more restless last night. Not much change in throat's appearance; nose seems gradually clearing, few crusts not adhering, easily discharged. Eruption paler yesterday, rather more vivid today; papules on the skin of the penis flattened.

Dec. 10th. Throat felt bad this morning on awaking, continued so in forenoon, throat felt scalded; he had not slept well; he was impatient and says, he "roasted the doctor." Recipe. Syphilinum, cm. solution every three hours.

Dec. 11th. In the afternoon and evening yesterday, seemed stirred up by the medicine, very nervous and inclined to cry; hysterical, despondent, but went to sleep at ten p. m. and slept through the night; in the morning felt generally better, was more cheerful, the throat felt better; stopped the solution of Syphilinum; took a dose of it dry at 2:30 p. m.

Dec. 12th. Was rather disturbed by nose stoppage till

3 a m., though sleeping at intervals; passed the remainder of night sleeping quietly; the nose feels stiff and sore but discharges freely; ulcers in throat rather clearer, a little granulation rising in the middle of one; less involuntary swallowing of mucus. Ulcer in meatus of left ear feels rather better; it is yellow and purulent, instead of dry and crusted. Warmth of bed agreeable to him since beginning Syphilinum, less pain in limbs or shoulders; hardly any last night.

Dec. 13th. 12:30 p. m., feels still better, and looks more comfortable, more cheerful; larger extent of bright granulating surface in the throat; ear feels better, removed some soft crust from it. Slept last night, "*by express*," from 1 a. m., till 7 a. m.

Dec. 14th. Ulcers in throat less extensive, nose feels no longer stiff or drawn, alæ flexible; discharge no longer green but yellow. Glands of neck less swollen, not hard; feels better and encouraged.

Dec. 16th. General condition improved, very slight irregular line of ulceration on the palate. Sleeps well; a little pain in left shoulder last evening.

Dec. 18. Inflammation of throat less extensive, ulceration of palate slight; no pain in throat except while yawning; little pain in left shoulder; slight momentary twinging in the limbs; little excess of saliva; no empty swallowing. Syphilinum, cm., one dose dry.

Dec. 21st. Much improved.

The patient who is a commercial traveler resumed business. During the year 1901 continued at intervals to have more or less eruption, partly flattened-papular, partly macular, each small spot of about pea size with subsidence of its inflammation, encircled by clear scales; the throat at times a little sore, and of heightened redness but without swelling or ulceration. Eruption on the scalp had caused falling of the hair and spots of baldness. Some rheumatoid pains over condyles of the humerus, the patella, and tibia, of one or both limbs. Small papules appeared at times upon the integument of the penis, left side, and disappeared

again. The patient took at intervals a dose dry of Syphilinum, cm. For the last six months the hair has been fully restored and the scalp has become healthy. During this last period he has omitted Syphilinum and taken with benefit an occasional dose dry of Mezereum 40m., as indicated especially by the periosteal pains and soreness, with relief, and now June 15th, 1902 is in general good health. I was much pleased with the curative action of the Syphilinum, and disappointed with Mercury, which was not at any time satisfactorily homeopathic. When the operation of Syphilinum seemed terminated, the improvement under Mezereum was gratifying. Very gratifying is the constant progress of such a case toward health, to those who have witnessed the destructive complications of Syphilis by Mercury, under the old "regular" treatment.

CLINICAL EXPERIENCES.

By ERASTUS E. CASE, M. D., Hartford, Conn.

CONSTIPATION: SEPIA.

An Irish widow, aged 60, robust, always good health; bowels have never moved without cathartics since youth; stools dry; a mass of round balls; urine deposits a red stain; eyelids swollen; yellow saddle across the nose; abdomen pendulous; will acknowledge no other ailment.

Feb. 8, 1901. One powder of Sepia cm. (F) in four tablespoonfuls of water, one tablespoonful morning and night until it is gone, and ordered to take no other medicine.

April 12. Has had a daily stool since Feb. 9th.

May 1. During the last few days bowels reluctant to move; yellow saddle has disappeared from the face; one powder Sepia 3 cm. (F) dry on the tongue; that finished the cure of a life-long constipation.

CONSTIPATION: MAGNESIUM MURIATICUM.

Dark, tall, gray-eyed woman, aged 40, has four children; constipation for several years, torpor of rectum;

stools dry, crumbling, like sheep's; facial acne precedes menses; feet swell, joints sore, worse at night, painful in bed; vertigo on rising in the morning, with lurching towards the right; worse before the menses; numb sensation in the forehead, better from pressure on the vertex, or upon the closed eyes. Correspondent gave no other symptoms.

July 6. One powder Magnesium muriaticum cm., (F) dry on the tongue. Cured.

PRURITUS PUDENDI: SULPHUR.

Slender, tall, light haired woman, aged 30; pruritis in the hair over the os pubis several years; has never had any other eruption; itching worse after bathing, after menstruation; burning and soreness follows scratching; dull pain in the forehead in the afternoon; small burning spot on the vertex; gnawing faintness in stomach at 11 a. m., better from eating.

Oct. 30. One powder Sulphur cm. (F) dry on the tongue.

Dec. 28. Improved awhile, but not during the last two weeks. One powder Sulphur cm., dry on the tongue.

Feb. 10, 1902. Less itching; last menstrual flow coagulated, with labor-like pains (an old condition.)

March 15. Has improved right along; lately a severe pain in pit of stomach awakens her from sleep (another old symptom;) menses last time normal, painless.

April 23. Itching about gone, feels it occasionally.

June 1. No itching now; not so well for many years.

ECZEMA: SULPHUR, GRAPHITES, SANICULA.

Black haired hotel clerk, aged 26; eczema two months, growing worse under allopathic treatment; located on scrotum, between the thighs, in axillæ, top of right foot; skin thickened, red, tendency to crack; itching worse from bathing, when warm in bed; moisture, burning and soreness follow scratching; health good otherwise.

Sep. 16, 1900. One powder Sulphur cm. (F) in four doses, morning and night.

Sep. 22. Eczema spreading, coming on abdomen also.

Oct. 10. Eruption covers less surface, coming on the toes.

Oct. 21. Improving, excepting more around the toes; coming on hands also; moisture on scrotum, odor of bad eggs (pathogenetic from Sulphur?)

Dec. 30. Improvement slight if any; foot sweat offensive, makes socks sticky. One powder Graphites cm., (F) dry on the tongue.

March 1, 1901. Patient has improved. No eruption except about the toes; foot sweat same as at last prescription; scrotum itches from exposure to the air; awakes in the morning with stiffness of the muscles of neck and back; better after exercise. One powder Sanicula cm. (F) dry on the tongue.

June 1. Not a vestige of the eczema remains.

ASTHMA (SUPPRESSED ECZEMA?): SULPHUR.

The father of a brown haired boy 8 years old, a clergyman, with several allopathic doctors in his congregation, all anxious to serve their dear pastor, anxiously inquired if there was not something better for his child than the palliation which always left the boy worse than before.

The child during the first five years of his life had eczema on the face, scalp, and extremities; dark crusts, covering a sticky offensive fluid. This was treated "secundum artem," and finally disappeared while using "cuti-cura".

An attack of pneumonia ensued, followed by spasmodic asthma. From the slightest exposure will result a hoarse cough, with difficult respiration, worse at night, permitting no sleep without an anodyne, or inhaling smoke. He is sick in doors most of the time in winter, and often in summer also.

Jan. 20, 1901. One powder Sulphur cm. (F) in four doses morning and night.

Feb. 3. Well until last night, another attack.

Feb. 18. The attack passed with only one night of difficult respiration instead of a dozen, and he feels well now.

March 2. He is in school; less sensitive to cold.

March 22. Has had one cold with cough, but no asthma.

April 25. A little eruption came on the extremities, lasting a week, of the same character as that of childhood.

The boy is healthy, and has had only the one attack of asthma, which soon followed the administration of Sulphur.

TIBIAL NODE: CALCAREA FLUORICA.

Stout, black haired, German servant, aged 23; node on inner margin of left tibia, noticed first two months ago, size of an almond, very sore to touch; the leg is swollen, red, hot; pain and swelling worse in wet weather; otherwise in excellent health. Her grandmother had a similar trouble, and an ulcer afterwards.

Jan. 1, 1901. Four powders Calcarea fluorica 9 m. (F), one dry on the tongue every two hours.

Feb. 7. Manifest improvement.

Feb. 21. Less heat and soreness; more itching than pain.

March 10. Node smaller, some swelling and pain. One powder Calcarea fluorica 90 m. (F) dry on the tongue.

March 31. Node still smaller. Pain and soreness very slight.

April 13. An increase of pain and soreness during last few days. One powder Calcarea fluorica 90 m., dry on the tongue.

April 25. Swelling and pain gone. Node scarcely perceptible.

May 28. Node gone, and patient happy.

CLINICAL CASES.

By J. FITZ-MATHEW, M. D., West Sound, Wash.

CASE I. An elderly woman presented herself with the old tiresome story of the medicines she had taken and loss of faith in doctors. Said she had kidney disease. Her urine was like the dregs of beer and loaded with epithelium. The symptoms were: Profuse and frequent urination, burning pain before passing water, involuntary urination

"when lifting a bucket of water;" also from exertion. She had also a bronchial cough, worse on entering a warm room. A few doses of Bryonia 200 (Dunham) promptly removed all her troubles.

CASE II. An old woman having chronic rheumatism, to whom I had given a box of cones medicated with Bryonia 30th (D.) took more than directed to. She was suddenly afflicted with involuntary urination, worse from exertion or lifting. Bell. 200 (Dunham) arrested this trouble.

CASE III. Pertussis, with co-existing bronchitis. Child aged ten years; had been forty days in bed; given up as hopeless by allopath; sputa profuse, nearly a pint daily, frothy, purulent and greenish. For weeks paroxysms of cough and vomiting of all nourishment. Great emaciation. Temp. 103°. After each coughing spell child eagerly craved a drink of cold water. Gave Cuprum 200. No improvement. I observed that this little sufferer would not speak in answer to a question but merely nodded or turned her head from side to side. She also had to be set up in bed with her back to the wall. Prescribed Carbo. veg. 200 (Dunham) followed this later with Carbo. veg. 9c, (Fincke). Improvement steady and continuous. She made a complete recovery to the astonishment of Dr. ———

CASE IV. Pneumonia, right lung. Man, 45 years. Before sending for me he had taken seven capsules of grs. 2 each of quinine, supplied by the grocer. He had one of the worst headaches I ever encountered. He was obliged to "support the head with both hands," and was very nervous. I noticed that his gums were scorbutic and teeth loose and painful. Merc. vivus 200 (Dunham) relieved the headache and conducted the case to a favorable termination in 15 days.

CASE V. A man of 50 complained of pain as of a bruise and weakness in muscles of thighs and in the hips when rising up after sitting in a street car or in a chair. Went off after moving about a bit. Rhus failed, but Pulsatilla 200 removed this promptly. "Aggravation and renewal of symptoms after long continued exercise and on rising after having been seated." Jahr.

CASE VI. Miss S., age 18 years. Said to have an abdominal tumor. Parents said she had been "tapped nine times." Examination showed ascites, but no tumor. At the age of 15 years menses appeared only once. Diagnosis; ascites from amenorrhea. Urine very scanty. No other subjective symptoms but general debility. Prescribed *Hel-leborus niger* 200 (Dunham). Steady improvement ensued and in one month this patient's menses returned and she has been well for several years. The medicine was repeated two or three times a day until urine increased in quantity and size of abdomen decreased; then placebo ad. lib.

CASE VII. Typhlitis. I once reported this case to the "Homeopathic Physician" under the incorrect title of "Appendicitis." I think it worthy of reproduction, especially as I wish to correct the diagnosis. Primary inflammation of the appendix causes an irritation of its nerves first manifested at the umbilical region. This sign of specific inflammation of the appendix was absent. Patient, a boy of ten years, had been ill some weeks with what was supposed to be typhoid fever. Temp. 104; pulse 125. Characteristic posture, right leg flexed and restriction of respiratory movement. Considerable swelling of the right iliac region. Agonizing pain, sensitiveness of the abdomen, so acute that even the touch of the bed sheet caused cries of anguish. Always worse after sleep. After a short nap he would wake up howling with agony. *Lachesis* 200 (Dunham;) second dose in half an hour, then every hour till decided improvement set in; then placebo. Prompt relief. Large evacuation of fecal matter next day. Convalescent within 24 hours.

A REMARKABLE CASE.

A little girl of ten years. Seven weeks prior to the case coming into my hands, had a cold in the head, bilious vomiting, could not retain food, was tired and sleepy. Her mother was ill with phthisis and the child slept at the foot of the bed. There was a large family, living in a frame house in a most unsanitary spot, damp, undrained, with a clay subsoil under the foundation. Much sickness in this

family in consequence. When I first saw the case the child had a flushed face; was somewhat drowsy. Temp. 100; pulse 96. Suspecting a possible case of scarlet fever I gave a dose or two of Bell. 200. Within 24 hours there was an outcrop of miliaria crystallina on the neck and face, which thereafter extended to the body. Drowsiness was succeeded by stupor. There was complete muscular relaxation. When with difficulty aroused the eyes stared at you and at times followed ones movements, but without comprehension, and the power of speech was entirely dormant. Pulse 100; temp. 101. Teeth had to be opened with handle of spoon to give medicine and nourishment. For thirteen days the child lay in this state on her back, apparently in a calm sleep, no change in her features, no emaciation, the sudamina increasing and diminishing, but always present. No petechiæ. It became more difficult to arouse the patient; the tongue very slightly coated but almost impossible to view it without using great force; teeth being almost clenched. Breath free from odor and cool. Urine passed involuntarily. Highest temp. reached 102; pulse 100. On the 12th day the temp. had fallen to the normal line, but no sign of returning consciousness. No change in the features and complete muscular relaxation continued. On the 13th day the child gave a cry and nearly strangled from mucus in the bronchia. I administered a syringe of Ant. tart. 200, and by manipulations combined the paroxysm passed. A change now ensued, she became flushed and warm all over, but still remained unconscious. On the morning of the 14th day another paroxysm occurred and she died of suffocation, in her nurse's arms. I am sorry to say that no sort of impression was made by the most careful prescribing in this case. The evidence of profound systemic infection of a malarial origin, grafted upon a delicate constitution and the fact that the patient had been ailing for seven weeks before receiving any medical attention, induces me to believe that no human effort would have availed to save her life, yet the sudden accumulation of mucus in the bronchia which there was no power to expel, extinguished any chance

there might have existed. This case may, I think, be classified as a form of typhus.

[Tuberculinum might have roused vital reaction and saved a life. ED.]

NOTE BOOK CASES.

By J. W. KRICHBAUM, M.D., Danville, Ky.

CASE I. *Gastric Ulcer.* John L.—æt. 66, merchant. Vital temperament. Has always had good health; active business man. He sent for me to stop his "Hiccough's" which had bothered him for seven days, and would not yield to home treatment. He was well nourished and cheerful, but hiccoughed day and night. Hiccoughed during sleep and while eating. Vomited food soon after eating. No nausea, no pain, burning or anything but the hiccough. During four months in my charge, I find that I gave him Bell., Calc. Cicut., Mag. phos., Merc. sol., Nux vom. and Sil., none of which did him any good. Hiccough would stop for a few days, and then return. I also siphoned the stomach three times with saline solution, but after four month's failure on my part, he went where he could get some medicine (so his friends remarked.)

After trying half a dozen doctors, three water resorts, and an Indian Medicine Man, an eminent specialist in Microscopy of Cincinnati, told him after four examinations that he had a cancer in his stomach, was incurable and advised that he go home and await the inevitable. I was asked to take charge of him again and make him comfortable. The specialist advised Morphia hyperdermically, as the end was near. and he looked as if it might be true as he was much reduced in flesh. I carefully went over his case, and could see no remedy to fit it. Had about decided to give Psorinum, not because it seemed indicated, but to give something, when Mrs. L. remarked that "John's hiccough seemed to act queer, he would hiccough for two weeks, always after the full moon, and would stop the two weeks after the

new moon," and this had been noticeable from the beginning, about eighteen months.

I gave Placebo went home and picked up Bönninghausen's repertory, and found aggravation "moon waning", but one remedy Dulc., and on investigating I found it suited the case to a nicety. I gave one dose Dulc. 3m., and in three hours the hiccough stopped, food was retained, and he had no return of the hiccough except for about one half-hour the day after he received Dulc. Ten days later an old keratitis which had been cured (?) by local treatment, returned, which required Hepar.

In four months Mr. L. weighed 186 pounds, and was doing his usual work. I am glad to report that he is still living, five years after he was given up to die.

CASE II. Linny S., infant, 2 months old, weight three pounds. Called at 2 a. m., March 1, 1900, to see this case as Dr. M. was unable to go, and the family did not want to employ an allopath as the allopaths had given the case up. Dr. M. sent me word that he had given Merc. c. 3x, Nux v. 3x, and lastly sub-nitrate of Bismuth, which seemed to hold the bowels in check, and that he would double the dose. I found diarrhoea; stools yellow, bloody, slimy, very changeable since the beginning of the sickness, worse in the morning; stools excoriating; child dried up, mummified, sleepless and had not nursed for twenty-four hours. I prescribed Sulphur 55m. In two hours child went to sleep, and slept three hours, when it retained the food that was given it.

Improvement continued for three days, then the condition remained stationary. At the end of four days, I gave Med. cm., after which recovery was uninterrupted. I gave Medorrhinum on the father's history. I knew him. This child is now strong and healthy. Has had probably six or eight remedies. When she was twenty months old, she weighed twelve pounds. She is small but healthy.

CASE III. Maud N. age seven days. Pneumonia. Called in consultation with Dr. M. When we arrived we were informed that it was too late, the child was dying, and indeed it looked to be true, but we could still see some gasp-

ing respirations. Dr. M. had given Bry., Ipec., Kali bi. and Ars. with no relief. On the appearance of the father, grand-father and uncles who showed the marks, I advised Syphilinum mm. The effect was all that could be desired, as improvement was decided in ten minutes, and in twenty minutes child went into a natural sleep. Recovery good and no other medicine given.

CASE IV. Mr. E. aged 40, Vital Ment. Mot. Temp., weight 190 pounds, looks well, asked me to give him some medicine for his flatulent dyspepsia. Questioning elicited the following symptoms: Two hours after eating, eructations commence, loud, frequent, tasteless, worse by riding in a carriage, walking, motion in general, mental effort, in fact can do no continuous mental work; cannot keep his mind on a subject long, gets restless; better lying on back or right side, after eating a full meal, drinking water, full diet first relieves then aggravates.

Feet inclined to burn, desires cool place.

Hot weather depresses him mentally.

Taste slimy, bitter; saliva smells, offensive bad odor from mouth.

Hungry most all the time; stomach feels full; swollen pain in pit of stomach as if bruised.

Jan. 12th, Nux. vom. 45m. Jan. 15th, no relief. Plac. Jan. 18th, no relief, abdomen full to bursting, Carbo veg. 76m. Jan. 22nd, no relief, Sul. 55m. Jan. 27th, no relief and discouraged. Went over him again, no new symptoms except fetid sweat in the axilla. Petr. 50m. Feb. 3rd, stomach little better, but using his own words, "Doctor, you have cured an itching, tickling sensation in my urethra that has bothered me for eighteen years, can stand the stomach now." This man had gonorrhoea when he was twenty-two, and was treated for the discharge by strong injections, followed by the inevitable stricture, and use of the sound for more than a year. He had always had good health except the almost constant reminder of his early experience. There has been no return of the prostatitis, and urethral trouble.

CASE V. May I add: A few years ago, I treated a case of

stricture and used the sound. My patient was an intelligent machinist, and I gave him a soft sound to be passed once or twice a week. He oiled it by dipping it into a can of black oil used on the machinery, and noticed marked relief after using the sound thus treated. In fact he derived so much comfort, that he came and reported what he had done. I believe the Petroleum was responsible for his rapid recovery. I should have given Petroleum internally.

CLINICAL CASES.

BY LAWRENCE M. STANTON, M. D., New York.

CASE I. The patient had been a great sufferer from neuralgia for many years, and under old school treatment, had received much medicine but no relief. The neuralgic attacks appeared in almost any part of the body but were most frequent and severe about the head, face and teeth. The pain was of the sharp, shooting kind, coming and going very suddenly. There was aggravation on walking in the open air, and slight amelioration from hot applications. Dampness was pretty sure to precipitate an attack.

Belladonna, which, of course, suggested itself, failing to relieve, I gave the case more careful study, and on account of aggravation from dampness and from walking in the open air, selected *Spigelia* 200. Improvement began at once, the patient was cured in a few weeks, and there has been no recurrence for more than a year.

This aggravation from walking in the open air seemed very curious, for it occurred not only when walking against the wind or in cold or damp air, but just as surely on the finest of spring days, and not when walking about the house. Hering gives under the headache of *Spigelia*; "aggravation from motion, especially *walking in the open air*, when every step is attended by a violent jerk in the head."

CASE II. A lady of the high strung nervous type, who a little while ago had suffered a miscarriage, brought about by some trivial street fright, sent for me to prescribe for a

severe, nervous headache, giving the following picture: Pain, unbearable; great anguish and tossing about the bed in her anguish; cries out to be relieved yet fears nothing will give her relief; whining, peevish, pouting mood. She was at once calmed by a dose of *Coffea* 10m., soon falling asleep, and waking quite well.

CASE III. A woman, 60 years old, spare in habit, of dark complexion. She has had her share of care and sorrow and now suffering from great mental gloom, bordering upon hypochondria. She awakens at half past four in the morning and is then overwhelmed by her mental depression, which is much worse at this hour than at any other of the twenty-four.

She is constipated, the movements are globular, scanty and in the early morning only. She is troubled with itching of the thighs, worse in the evening, and itching of the arms, worse in the evening; there is no sign of an eruption.

All these things—the mental state, the constipation, the itching, the spare habit, the dark complexion, point to Alumina, and under the 3m. potency, the case made a most satisfactory recovery. Great itching, especially when warm in bed, is characteristic of Alumina, but it also has a good deal of itching during the evening, not so bad at night nor made worse by the warmth of the bed.

CASE IV. A dry, spasmodic, teasing, wheezing cough, starting with tickling in epigastrium and accompanied by redness of face with perspiration, was cured by *Sanguinaria* 200. The patient had a similar cough earlier in the winter and was helped by *Belladonna*, though not in the same unequivocal way in which the later cough was cured by *Sanguinaria*.

Here was a case apparently equally covered by the two remedies and yet, as the cure proved, *Sang.* and not *Bell.* was the remedy; perhaps more careful analysis would have revealed differences.

Both remedies have dry, spasmodic cough, caused by tickling in epigastrium, accompanied by redness of face

with perspiration. The following comparison has proved helpful in a number of cases.

Belladonna: Spasmodic cough, causing flushed face with perspiration; tickling in epigastrium. The flushed face of Belladonna is worse on bending head forward.

Sanguinaria: Spasmodic cough, causing flushed face with perspiration; tickling in epigastrium. The red face of Sanguinaria is worse lying down.

Lachesis: Cough causing red face with perspiration; tickling in epigastrium; but the cough is characteristically worse at night, waking frequently from sleep.

Cuprum: Spasmodic cough, causing red face with perspiration; as soon as he takes a long breath it begins all over again. It lacks the tickling in epigastrium of the other remedies.

"A Hair perhaps divides the false and true—
And upon what, prithee, may life depend?"

CASE V. A patient, in spite of several remedies prescribed by herself, has had a bad coryza for six or more weeks.

The discharge is thin, watery, and the sense of smell is lost. She complains that her forehead feels cold, as if cold air were blowing on it, and that the forehead is sensitive to cold air; this is particularly the case at night when she must cover the forehead. The eyes water profusely in the open air. The two latter are old symptoms, but both are much aggravated by the present cold. *Silicea* 10m., very quickly cured.

CASE VI. An old lady of 77 years with pneumo-typhoid—not a typhoid with pneumonia added, but a case where the lung had received the brunt of the disease—the abdominal symptoms being not well marked at first. There was no abdominal tenderness, slight tympanitis, some gurgling in right iliac fossa, no diarrhoea. The difference between the morning and evening temperature, and the gradual rise of temperature from day to day, were characteristic of typhoid. The right lung was the one affected by the disease. The case, in spite of several remedies, did not im-

prove; the lack of symptoms upon which to base a prescription was annoying. I now learned that the temperature reached its highest elevation every afternoon at 5 p. m., and that a little later in the evening it was decidedly down. This was at least a clue and pointed to a small group of remedies, Phosphorus among them. The right lung being the one affected was also significant of Phosphorus. What I now read in "Nash's Leaders in Typhoid" persuaded me that Phosphorus was the remedy. After a few doses of the 10m., potency there was a decided change for the better; the temperature fell, the lung improved, a slight diarrhœa ensued, and the case made a quick recovery.

CLINICAL CASES.

By D. C. McLAREN, M. D., Ottawa, Can.

The following cases are reported, not as cures, but as examples of the long continued and favorable action of the remedy in chronic conditions.

CASE I. A chronic invalid, always in the blues, hypochondriac; despairs of recovery and even longs for death. He considers all his trouble due to youthful masturbation, and that he is only getting his just deserts in consequent ill-health, but as his vitality was evidently broken down by typhoid fever a few years ago, the remedy chosen was Psorinum cm.; given in a single dose on April 22, 1901. He reported about once a month, some improvement until June 1st, 1902, when the symptoms grouped themselves as follows: Disgust at smell of his own body; offensive odor of stool clings to him; always hungry and over-eats; can't sleep if hungry; absence of sweat except from over-exertion; can't stand; cramps in legs at night; freckles; jerks when falling asleep; round shoulders and as he expresses it, is "crazy for fresh air;" also learned now for the first time that soon after he recovered from typhoid, he had an eruption on the scrotum which was suppressed by ointments. He was given

a dose of Sulphur 200 to take on June 6, 1902, nearly 14 months after the previous dose of Psorinum.

CASE II. A young woman aged 24, had obstinate constipation. Suffers also from excruciating dysmennorrhœa; menses are delayed and scanty, dark and sometimes clotted; four days, accompanied by great weakness and pain, which gradually increases until relieved by vomiting; crisis of pain is marked by profuse sweat all over body, head, hands and feet. Great weakness a whole week after menses, and she is hardly strong again before next time. Bowels more obstinate at menses. Cold clammy feet and hands. Had intussusception of bowels three years ago which left a lump in abdomen. Graphites, June 15th, 1901. Continued improvement up to date (June, 1902).

CASE III. A woman aged 44 has had eczema on the hands for 16 years; it is now all over the body, < by wetting, < by overheating. Menses regular, profuse, and last a week, but thin and watery. Body cold and chilly; very cold feet. Dry skin. Fond of salt and salt meat. Very blue and low spirited; nervous and always looks under the bed. Leucorrhœa, worse after menses. Hair falling out. Gave Natrum-mur. 295m. on January 7th, 1901. She reports continued improvement to date.

CASE IV. A woman who has borne several children and always had trouble with her nipples now has a small lump in the right breast connected with the nipple, which is retracted and constantly oozes sticky pus. She also has cracked finger tips and sore palms. Graphites cm. on February 2d, 1901. Continued improvement ever since.

SYMPTOMATOLOGY OF THYROIDINUM.

From Dictionary of Materia Medica.

By JOHN H. CLARKE, M. D., London.

MIND. Acute stupor alternating with restless melancholia; at times could not be got to speak, but would lie on floor with limbs rigid; at other times would weep and un-

dress herself; at times dangerous and homicidal, would put her arms round the necks of other patients so tightly as almost to strangle them; (in this case the insanity was primary and the myxoedema secondary; both conditions were removed). Evinced increased vivacity by quarrelling with another patient about a trifling difference of opinion. Depression. Fretfulness and moroseness gave way to cheerfulness and animation. "All progressed cases of myxoedema show some mental aberration which tends toward dementia, usually with delusions, the latter taking the form of suspicion and persecution. Occasionally actual insanity is present in the form of mania and insanity." Delirium of persecution (three cases observed, one fatal, the result of taking Thyr. in tablets to reduce obesity). Sudden acute mania occurring in myxoedema, perfectly restored mentally and bodily under Thyr. Mental aberration dating three years before onset of myxoedema, subject to attacks of great violence, with intervals of depression and moroseness. State of idiocy; fearful nightmares. Excited condition, lasting all the rest of the day, grunting continuously and laughing in a way that was peculiar to herself. Very excited; excited state followed by considerable depression. For several hours in what can only be termed a hysterical condition. Profound depression. Irritable and ill-tempered. Became a grumbler. Angry. Had frights.

HEAD. Vertigo. Feeling of lightness in the brain, scarcely amounting to giddiness. Much giddiness and headache for twenty-four hours. Awoke about 4 a. m. with sharp headache and intense aching in back and limbs, which continued for three days and compelled him to keep his bed. Ever since taking the first thyroid [had had five glands altogether, at intervals] he had a strange heavy feeling in his head, with vertigo and palpitation on stooping. Headache (with fever symptoms); disappeared on suspending treatment, reappeared seven days after recommencing. Fronto-coronal headache about two hours after each tabloid. Persistent frontal headache after taking one tabloid for four successive days. (Constant headache, pains in occiput and

vertex.) (Headache in case of acromegaly.) Headache. Headache and pains in abdomen. Fresh growth of hair (many cases). Black hairs growing among the gray. In one case of scleroderma and in one case of myxœdema the hair fell off permanently. In a case of myxœdema the patient lost all the hair of his head and face and thick growth over his arms and thorax; under Thyr. the hair of the head and face grew again and that of the arms and chest fell off.

EYES. (Prominence of eyeballs—exophthalmic goitre.) Optic neuritis (in five persons, four of them women, under treatment for obesity; no other symptoms of thyroidism). Accommodative asthenopia.

EARS. Moist patches behind ears heal up (case of psoriasis). Hyperplastic median otitis with sclerosis and loss of mobility of the ossicles (rapid amelioration—several cases.)

FACE. Flushing with nausea and lumbar pains; loss of consciousness, tonic muscular spasm; immediate; with rise of temperature, and pains all over; suddenly became breathless and livid. Faintness, with great flushing of upper part of body and pains in back. Swelling of face and legs. In lupus of face, tight sensation, heat, and angry redness removed. Burning sensation of lips with free desquamation.

MOUTH. Tongue became thickly coated. Feverish and thirsty. Great thirst. (Ulcerated patch on buccal aspect on one cheek near angle of mouth.)

THROAT. (Full sensation.) Goitre, exophthalmic, cured. Goitre reduced.

STOMACH. Loss of appetite. Increased appetite with improved digestion. Eructations. Dyspeptic troubles. Nausea, slight vomiting slight nausea recurring on thinking of it. Nausea soon after taking the gland. On five occasions the patient (a woman) vomited the thyroid. Always felt a sensation of sickness after the injections. Sensations of faintness and nausea (after a few injections.) Feels tired and sick. Gastro intestinal disturbance and diarrhœa.

ABDOMEN. Flatulence increased, followed later in the case by amelioration. Headache and pain in abdomen.

STOOL. Diarrhœa; with gastro intestinal disturbance.

Relief of constipation with more natural actions. Constipation.

URINARY ORGANS. Increased flow of urine. Increased urination, usually with clear, pale yellow secretion. Slight trace of albumen found in urine. Albuminuria. Diabetes mellitus; caused and cured.

FEMALE SEXUAL ORGANS. Increased sexual desire. Six days after commencement of treatment menstruation, which had been absent over a year, reappeared and continued profusely (in several cases of myxœdema with or without insanity). Menses profuse, prolonged, more frequent; early amenorrhœa. (Painful and irregular menstruation.) (Constant left ovarian pain, and great tenderness) Looks pale and feels ill. Pain in lower part of abdomen, headache and sickness (in girl of sixteen, probably menstrual effort provoked by Thyr.; no catamenial flow appeared). Acts as a galactagogue when milk deficient; when the deficiency is associated with a return of the menses it will suppress the latter. (Puerperal insanity with fever). (Puerperal eclamsia.)

RESPIRATORY ORGANS. Slight attack of hæmoptysis, followed by cough and signs of phthisis of apex of left lung. (Voice became clear). Dorment phthisis; lighted up the disease in five cases.

HEART AND PULSE. Death, with all the symptoms of angina pectoris. On trying to walk up hill died suddenly from cardiac failure. While stooping to put on her shoes she "fainted" and died in half an hour. On one occasion, after exerting herself more than she had done for a long time previously, "suddenly became extremely breathless and livid, and felt as if she was dying;" > by rest in recumbent position and stimulants. Two fainting attacks. Frequent fainting fits. Complained occasionally of a feeling of faintness, not occurring particularly after the injections. One patient showed extraordinary symptoms after the injection; the skin became so livid as to be almost blue-black. Degeneration of heart muscle in animals. A systolic cardiac murmur was less loud after the treatment than before.

Sensation of faintness and nausea. Palpitation on stooping. Weakness of heart's action. Tachycardia and ready excitability of the heart persisting for several days after the feeding was stopped. Pulse rose to 112. Relaxation of arterioles. (Rapid pulsation, with inability to lie down in bed.) (Jumping sensation at heart.)

BACK. Flushing, nausea, and lumbar pains, lasting a few minutes. Stabbing pains in lumbar region. Intense aching in back and limbs, which continued for three days. Flushing of upper part of body and pains in back. (Back-ache.)

LIMBS. Quivering of limbs; tremors. Intense aching in back and limbs, lasting three days. Pains in arms and legs, with malaise. Skin of hands and feet desquamated. (Acromegaly, subjective symptoms.)

UPPER LIMBS. After injection, to a great extent lost the use of her hands for two days; recurred later, lasting a few hours. Felt queer and unable to raise her arms (after injection, another case). Arms less stiff and painful (psoriasis).

LOWER LIMBS. Tingling sensation in legs. (Edema of legs appeared, and subsequently subsided and continued to reappear and subside for a month. Pain in legs. Incomplete paraplegia. Swelling of face and legs. Feet repeatedly peel in large flakes, leaving a tender surface. Profuse flow of fluid from feet (in case of dropsy cured by Thyroidin).)

GENERALITIES. Malaise > by lying in bed. Stooping —palpitation. Rest in recumbent position > extreme breathlessness with lividity, felt as if dying. Myxœdematous patients are always chilly; the effect of the treatment is to make them less so. Loss of consciousness and general tonic muscular spasm for a few seconds. Fainting attacks (many cases). Tremors, quivering of limbs, complete unconsciousness. (Tetany.) Epileptiform fit, after which he was unconscious for an hour, next day felt better and warmer. Malaise so great she refused to continue the treatment. Agitation. Incomplete Paraplegia. Hysterical at-

tack. Hystero-epilepsy with amenorrhœa. Nervous and hysterical, had to have nurses to watch her. Feels tired and sick. Stabbing pains. Aching pains (many cases.) Aching pains all over. Diffused pains. Aching pains in various parts of body. Pains over whole body. Brawny swelling at point of injection, followed by abscess of slow development. Myxœdema removed (many cases). "A series of abscesses resulting from the injections, but probably originating from an accidental abscess quite independent of them." A small abscess formed. Increased suppuration in case of lupus. Gained a stone in weight. Lost weight enormously (many cases of Myxœdema). Rapid gain of flesh and strength. Anæmia and debility. Infiltration rapidly absorbed (psoriasis.) Persons suffering from skin disease can bear much larger doses than those suffering from myxœdema. (Acromegaly, headaches, and subjective symptoms.) (Fractures refuse to unite.) A peculiar cachexia more dangerous than myxœdema itself. Syphilis secondary and tertiary.

SKIN.—Flushing of skin. Skin became so livid as to become almost blue-black. Skin has desquamated freely, but there has been no perspiration or diuresis. Psoriasis; eruption extended and increased. (Psoriasis; redness and itching reduced; eruption separating and being shed in great scales, angry, inflamed appearance completely gone.) Moist patches behind ears heal up. Arms less stiff and painful; swelling diminished. Crusts separated leaving faint red skin; eruption not nearly so painful. Symmetrical serpiginous eruption; dark red; edges raised and thickened. Lupus: tight feeling, heat, angry redness removed; suppuration increased. Eczema: irritation of skin markedly allayed. Scattered pustules of eczema mature quickly or abort. (Teething eczema.) (Syphilitic psoriasis.) (Rupia.) Scleroderma. Peeling of skin beginning on legs and extending over whole surface; skin has since become comparatively soft and smooth. Peeling of skin of lower limbs, with gradual clearing (eczema). Skin of hands and feet desquamated.

SLEEP.—Continual tendency to sleep. Awoke about 4 a. m., with sharp headache. Fearful nightmares disappeared. Insomnia. Excited condition; could not sleep.

FEVER.—Flushing: with nausea; with loss of consciousness. Always felt hot and had a sensation of sickness after the injections. Felt better and warmer. Flushing of upper part of body and pains in back. Temperature never rose above 99° but she felt feverish and thirsty. Temperature rose to 100° F. and remained there several days; pulse 112. Rise of temperature; diaphoresis. Profuse perspiration on least exertion.

CYSTO-URETHRITIS WITH INFILTRATION.

By L. C. FRITTS, M. D., Chicago, Ill.

In April, 1900, Mrs. L. E. C., aged 53, came to me for consultation and treatment for, as she said, "Bright's disease of the kidneys." She informed me that she had been examined, urine analyzed and that was the diagnosis of her physician. I found upon investigation that she had passed the climacteric three years ago, during which time she had suffered with frequent urination, oftentimes accompanied with pain and followed by bleeding, which was relieved by local treatment.

The climax being passed, she experienced increased frequency of urination, pain and bleeding, oftentimes ineffectual tenesmus, until finally she had no rest from her sufferings when I was consulted.

In appearance she was tired and worn, red flushed face and flabby skin, much prostration of body and mind. She could not retain urine without pain, and at this time it was voided drop by drop with intense pain and suffering.

The bladder could retain urine but a short time, making it necessary for her to be out of bed from 8 to 15 times in a single night. She had passed several small calculi during the past three months.

Realizing that my patient was in a serious condition, though doubting the diagnosis, I at once sought and secured a 24 hours specimen of the urine for analysis.

In appearance the urine looked as if it was half pus and blood, so thick that it would hardly run from a narrow necked bottle.

Analysis.—Odor carrion-like, cloudy. Reaction strongly alkaline.

Specific Gravity, 1022—33 oz. for 24 hours. Urea 50% deficient. Phosphates excessive. Albumen $\frac{1}{2}\%$. Triple phosphates excessive. The excessive phosphates indicated great waste of tissue and, borrowing the words of Dr. Wieland, the patient was doomed to die unless soon relieved.

Mind: Depressed in spirits, though anxious to get well. Very forgetful. Hopeless of her future health. Confusion of mind. Constant dull, beating, pressing ache all over the head. Stupid vertigo < during the day and exercise. Eyes were affected with sparks and dark spots. After reading for a time was unable to see distinctly, also pain after use. Appetite was good and bowels regular. Slight white coating on tongue.

Some nausea in the morning. Abdomen became distended after eating, also pains through region of stomach and liver. Thirst for cold water. Upon examination the urethra was thickened, hard, and orifice small, painful to touch. Bladder walls were thick, hard, sacculated, highly inflamed with infiltration of inflammatory deposit and sensitive to touch. The walls of these organs were filled with the inflammatory deposit to that extent that they would yield very little to pressure, and the bladder when containing very little urine would become extremely painful. Urethra cracked, fissured. Would bleed readily.

Treatment:—The bladder was flushed three times daily with a hot saturated solution of boracic acid through a double channel catheter for the purpose of relieving the alkaline condition of the organs, and this would give temporary relief for some time.

At first Lycopodium 200 was given, with some relief from the extreme suffering, but improvement ceased after a trial of one month. Further search for a remedy led me to Calcarea fluor. 50m (Fincke) with slow but steady relief. Placebo followed for one month, when a halt in progress was evident. Calcarea fluor. was repeated, and from that time on nothing but Placebo was given. The infiltration of the organs began to disappear soon after Calcarea fluor. was given, and all suffering gradually ceased with it. On Oct 1st, 1900, I was enabled to discharge the patient cured.

[COMMENTS: This was a good cure. But, was the flushing with Boracic acid necessary? Would not the remedy have done its cure work as effectually without? Hahnemann says: "Lycopodium is rarely the remedy with which to begin the treatment of a chronic case." Would not the Calcarea fluorica have been better? ED.]

EDITORIAL.

All Contributions, Exchanges, Books for Review and other communications should be addressed to the Editor, 5142 Washington Ave., who is responsible for the dignity and courtesy of the magazine, but not for the opinions of contributors.

THE THERAPEUTICS OF THE FUTURE.

Not since the days of Hahnemann has there been greater uncertainty and confusion in old school therapeutics than at the present moment. We hear a great deal about "scientific medicine," and even occasionally some half-hearted homeopath is lured away by this ignis fatuus, but as a matter of demonstrable fact there has never been a more rapidly changing series of hypotheses as to what constitutes scientific and reliable treatment, nor has a crasser conglomeration of pharmaceutical and proprietary remedy effort ever characterized the allopathic profession, than in these early years of the twentieth century.

Not long ago the bottle-pharmacy was the magazine of death. Later came the febrifuges and heart depressants. After that we had organ-therapy, carried to its most disgusting and obnoxious extreme. Then toxins and their antis came to the front, and for a decade the old school has been ultra-scientific along this line. Eureka was their cry, they had found it at last, and the world and sects in medicine were called upon to acknowledge that the medical millenium had come.

But the fullest fruition of therapeutics as a science has not yet been attained. The proportion of old school men who doubt the efficacy of toxination treatments is steadily on the increase. Already sero-therapy seems doomed, and the "scientific" profession is looking for its successor. Drug-therapy seemed for a time to have given way to serum-therapy, but once more the drug store rivals the stable and sty and the realm of the vegetable and mineral kingdoms

are being searched for successors to the serums and cultures of the bacteriological laboratory.

And thus it has gone, in cycles, since the time of Hippocrates and Hahnemann; and thus it will ever go until Homeopathy shall have come into its own. It is the only system or procedure that has stood the test of an hundred consecutive years, the only system based upon a law whose scientific demonstration is a matter of proof, and whose art at the bedside has been shown to be a success.

In Homeopathy lies the hope. Allopathy's efforts in the therapeutic field have been directed along faulty lines of investigation. They seek specifics for disease. Of these it is doubted if there is a single one, certainly not enough to constitute a system of treatment for mankind. Quinine is vaunted as the most striking example of this type, yet every physician of experience knows that quinine fails to cure more often than it cures, and that malarial diseases treated by it are rarely if ever cured without the subsequent administration, in old school practice, of arsenic, iron and other remedies. And as with quinine so with them all. There are no specifics for disease, and never can be and so long as the allopathic profession continues its search along this line just so long will it be disappointed, and failure attend it.

Just why any homeopath, no matter how unsuccessful he may have been in interpreting and assimilating the philosophies of Hahnemann, can be attracted by the incongruities and varying treatments of Allopathy is beyond our ken. We have nothing to gain and everything to lose by varying from our course. Homeopathy contains the essence of truly scientific therapeutics, and it but remains for us, by diligent study of the Organon, Lesser Writings, Dunham's Science of Therapeutics and our various handbooks of *materia medica* to attain as near perfection in the art of sick-room prescribing as is possible in so complex and mysterious a science as that of human medication.

PREVENTION BETTER THAN CURE.

Preventive medicine is a term very much limited in its application. Most physicians, and the public, look upon it as referring to sanitary and hygienic measures only. To the homeopath it has a broader significance. The majority of diseases are based upon physical defects within the system. It is natural to be well. It is unnatural to be ill. The strong constitution resists disease. The weakly form is invaded and succumbs. Sometimes this statement seems not to be altogether sustained in individual cases, and there may be exceptions which but go to prove the rule. Yet if the pedigree of every sick man or woman be looked up painstakingly it will be found that somewhere along the history there has been a flaw. In fact, it is difficult to find a patient, either in bedside or in office practice, whose genealogy is perfect.

The preventive medicine which Homeopathy knows is an art in itself. The close student of Hahnemann studies the constitutional and temperamental peculiarities of his patients, and thus is able to strike at the very root of their ailments. There is abundant data in Hahnemann's writings, as in those of Bönnighausen and his colleagues, to make this work an art, and in practice it has been found to be of incalculable assistance to both practitioner and patient. The typhoid subject who has a tuberculous diathesis is a more difficult patient to treat than he who has not. The man with appendicitis, or typhlitis, who has a tainted pedigree is in greater danger than he who has not. The child with diphtheria whose parentage is bad is doomed. Measles, a very simple ailment, when engrafted upon a base that tends to the production of respiratory ailments or diseases of the digestive tract becomes an illness of great severity. And so down the list. Very much of the success of the physician depends upon the history of the subject.

Homeopathy rightly applied can prevent many an acute illness by correcting the constitutional condition of its patrons. The Hahnemannian will profit himself and bring profit to his patrons by bearing this in mind, and where his re-

lation to the public is that of the old time family physician he can remove many a danger which may menace his subjects throughout life by looking well to their constitutional defects and applying thereto the science and art of a truly preventive homeopathic medication. Take care of the children as they are growing to manhood and womanhood, and in mature years they will miss many of the diseases common to dyscratic constitutions. If Homeopathy had no other value than its preventive virtues it would be worthy of the best and the lasting gratitude of mankind.

CAUGHT A TARTAR.

Dr. J. H. Gallinger, just re-elected senator from Vermont, is a homeopathic physician and an able and outspoken opponent of vivisection. Dr. W. W. Keen of Philadelphia, late President of the American Medical Association—which is the custodian of the ethics and the medical morals of old school medicine—is an ardent vivisectionist. Dr. Keen recently operated for some brain lesion producing paralysis, on Midshipman Aiken, with success, and then addressed a letter to Senator Gallinger through a New York daily paper, instead of a medical journal or a private letter, claiming that the success of the operation and the aid rendered a future ornament of the U. S. Navy, was due to the knowledge obtained from vivisection. How the high priest of professional ethics and old school dignity could have so far forgotten himself as to proclaim his surgical triumph from the house top in addressing a United States Senator, is a matter of profound surprise, and can be accounted for, only on the supposition that he did not think it would be noticed and if replied to was unanswerable.

But in this he was mistaken for the Vermont homeopath was equal to the occasion, even if the letter was addressed to the United States Senator:

Dear Sir: Reviewing your letter of December 5, 1902, which you gave to the press of the United States, respecting your success in the case of Midshipman Aiken, I note four points:

First: That self-advertisement is prohibited by the ethics of our profession.

Second: That misrepresentation is forbidden by the ethics of mankind.

Third: That your argument turns entirely on an assumption which cannot be maintained—namely, that the localization of the functions in the brain of man has been determined by experimentation on animals.

Fourth: That you ignore in your direct appeal to selfishness that altruism which is the principle of moral progress.

To this deserved rebuke the *Medical Critic* offers the following:

"Oh my prophetic soul! My uncle!" and has it come to this, that a homeopathic physician dares to chide, though never so gently, the chief priest of the code of ethics; that he should dare to remind him furthermore that he has been guilty of the one unpardonable sin in the entire code, more heinous even than that of consulting with the homeopathic brother, and then, as if to add insult to injury, he goes on to remind him that in addition to the trumpery restriction which the code enforces, "misrepresentation is forbidden by the ethics of mankind." Then having gently lectured his wayward brother on his derelictions from the moral standpoint he turns to the intellectual side and apparently tells him that his whole argument is based upon an assumption which cannot be maintained, and politely tells him that he is doing what, were they residents of the Bowery, would be known as "talking through his hat." Having then convicted him of ignorance upon this subject upon which the excellent Dr. Keen has been airing himself, he gives him this Parthian shot, "You ignore in your direct appeal to selfishness that altruism which is the principle of moral progress."

"What are we coming to that a homeopathic physician and a legislator should teach one of brightest lights in medicine a lesson in ethics and physiology? "Ichabod, ichabod, the glory has departed."

CORRESPONDENCE.

NEWS-LETTER FROM NEW YORK.

December 18th, 1902.

Editor Medical Advance:

New York is progressing, homeopathically speaking. Not for twenty years has the outlook been better. And it may be stated that this is true, and that it is shown, by the fact that the New York college has enlarged its scope of usefulness recently by associating with it in its faculty several of the best Hahnemannian minds of the state. No homeopathic school can prosper to its best possibilities that is not truly homeopathic. If young men want an allopathic education, or a very much mixed education, various old school institutions offer advantages with which it is difficult for ours to compete. We should be nothing in our colleges if not consistently and fairly homeopathic, no matter what else we may teach. The whole realm of medicine and surgery is ours, but it is ours first and above all else to be loyal to our law, else we have no moral or ethical right to existence.

I do not mean to infer that the New York college has not in times gone by proven its loyalty. The life and work of the late and greatly lamented Timothy F. Allen, and the late and equally lamented William Tod Helmuth and Martin Deschere, three giant minds in Homeopathy, would give the inference the contradiction. But it is true that of late years the New York college, like many others, has been somewhat careless in cultivating the intense homeopathic spirit which made our school what it is, and it is gratifying and a hopeful sign that recent additions to the faculty carry the thought that more is to be done in this line. Dr. Nash, of Cortland, has been called to the materia medica department, and Dr. Edmund Carleton, New York's Hahnemannian surgeon, has been added in that field. To the earnest Hahnemannian this means that he may send his

student here with a consciousness that he will get the philosophy and materia medica of the Master from these champions of pure and correct Homeopathy, and it is safe to leave it that not all the pollution that may be, unintentionally even, dealt out in other lines will take from him that which Drs. Nash and Carleton will give.

Dr. St. Clair Smith, too, of the Chair of Practice, has always taught Homeopathy to the classes. He continues at the head of this important department, and thus besides the homeopathic materia medica in the abstract and Homeopathy in surgery, through Dr. Carleton the student will get applied Homeopathy in the department of therapeutics.

From the Hahnemannian's viewpoint this is well. The revival is going on. And while in herhaps no homeopathic college is there just the zeal and earnestness which characterized the Fathers, yet in all there is a noticeable increase in homeopathic spirit and it augers well.

The death of Drs. Helmuth, Allen, Deschere and Talcott, all in one season, made a tremendous gap in the faculty, and it has been difficult to fill it. But the younger men have taken hold with a will, there has been a reorganization throughout, and new life and energy seems already to have been injected into what has for many years been a very sedate institution, not half as representative of its school for New York as it might have been. It got sleepy, in a rut, and did not seem to be able to get out of it. Philadelphia, Boston and Chicago passed it. But better things are promised, and unless the indications are misleading the future will be better than the recent past has been.

Forty-second street, which used to be considered "way up town," is growing to be quite a homeopathic centre. Boericke & Tafel have a representative retail house just off Fifth Avenue, and Boericke & Runyan, who first began work on the Pacific Coast, and who have a house there still, are within a half dozen doors of their older neighbor. Both pharmacies are neat and attractive stores, and both seem to be doing a good retail business. The Boericke & Runyan house also has its wholesale department at No. 11

42nd street, in the rear and basement of the pharmacy proper.

Besides the pharmacies on this street the *Medical Century* remains at No. 9, a few doors east of Fifth avenue, within a stone's throw of the pharmaceutical establishments. Miss Carpenter is in charge of the New York office, Dr. Dewey editing from Ann Arbor. He is in the city just now on one of his quarterly inspecting trips.

The County Society holds monthly meetings, rather better attended than for some time. But there is room for improvement in this relation. New York has a large number of homeopaths who never or rarely attend the meetings, just as is the case in Chicago and elsewhere. It is a matter for wonderment that the homeopathic profession at large takes so little interest in its local associations. What a power for the common good they might be made to be if they were more generally attended, and if the old-time interest and enthusiasm in Homeopathy could be again aroused and kept at fever heat.

C. E. FISHER.

San Antonio, Texas.

Editor Medical Advance.

In the November issue of the MEDICAL ADVANCE Dr. Taylor's paper on Kali Iodide and the editor's note on the passing of diphtheritic anti-toxin, tempt me to record a few reflections. I remark the failure of Rhus to relieve a rheumatism in which it was closely indicated. The modality in Rhus of relief from warmth is generally true, but I ran across a curious exception two years ago. I was treating a lady for severe, daily, periodic, left-sided prosopalgia. She had had this form of neuralgia repeatedly for prolonged periods and had been treated with little success by her family physician—one of the prominent homeopathic physicians of Boston.

I will not go into the details of the case; suffice it to say that after trying various remedies with indifferent results, I one day saw something that clearly pointed out the remedy. Happening to call while the patient was in acute suf-

fering I found her lying in bed with a cold, wet compress over the seat of the pain and a bowl of cold water by her side. A question revealed the hitherto unknown fact that cold, wet applications gave relief. Now, I never would have thought of Rhus in this connection, but while studying up a remedy for the patient I had consulted the repertory on neuralgia in Raue's last edition of "Special Pathology and Ther. Hints." There I found the curious modality "relief from cold applications—Rhus" (p. 789). It did not take me two minutes to whip out my Rhus bottle and drop some into a glass of water. It was not high-toned, either—just common, low-down Rhus and repeated every hour. Within a few days she was well. I gave her a vial for future use. With this she speedily conquered the next attack which was the last. She took a bottle of Rhus home to Boston and I heard that the next (last) winter she relieved the only attack she had in a few days.

But to come back to Dr. Taylor. Here was a close prescription by a superior prescriber which failed; while a purely empiric prescription by an old woman gave relief. Other such experiences with Kali Iodide are related and might be multiplied with that and other remedies indefinitely. What does it all signify? To my mind that while Similia may be theoretically an ideal and perfect rule of practice, it is actually subject to many limitations; limited by reason of imperfect materia medica, misleading patients, faulty case taking and defective prescribing. In fine, subject to all the limitations of the finite. Can we blame the prescriber of only average ability—and most of us are mediocre—for relying largely upon experience in choosing remedies? After all, the whole superstructure of therapeutics rests upon experience. It would seem that some cherish the idea that the law of Similia was announced to Samuel Hahnemann by an angel from Heaven. God did not so reveal any of his laws, either in the physical or spiritual world. All laws have been discovered by the patient massing of observed facts until a theory of action could be discerned and this theory so fortified and proved by experi-

once that a law is finally said to be established. In no other way did Hahnemann arrive at his conclusions and great glory is his because of his pioneer work in modern scientific methods. No man has ever been converted to a belief in Similia through *a priori* reasoning, but by actual testing of the law resulting in such success with this method as to give confidence in its use. In other words, actual bedside experience is the ground for my belief in the efficacy of the similar remedy. In precisely the same way have I arrived at confidence in and reliance upon anti-diphtheritic serum. The opinion of the Editor of the Lancet and that of my honored friend, the editor of the MEDICAL ADVANCE, count for the opinions of two men, no more, no less. If they rest their conclusions upon their own personal experience, it counts for much; if upon other grounds, it counts for little; over against them are arrayed thousands of intelligent, honest practitioners who proclaim the value of the anti-toxin treatment. There should be no more objection to the use of sterilized horse serum than the filthy nosodes.

One of the puzzles in medicine I have yet to solve is why equally honest and competent observers arrive at such diametrically opposite conclusions. Our "Medical Experts" are the despair of the courts! Under present conditions it would seem that an absolute and universal law of therapeutics is still to be discovered.

M. J. BLEIM, M. D.

[The law of therapeutics as formulated by Hahnemann is as nearly universal as will ever be discovered. What we need is to universally follow Hahnemann's rules of applying a natural law in therapeutics. The first element of Hahnemannian practice, so far as the record shows in both cases reported by Drs. Taylor and Bleim, was neglected. The "taking of the case" on which the selection of the remedy is based was omitted. The remedy was accidentally stumbled upon; it was not selected from the totality of symptoms. It is the doctor, not the law, that is at fault. ED.]

Editor Medical Advance:

DEAR SIR:—Allow me to correct an error into which Dr. Glidden has fallen in her remarks on Dr. E. A. Taylor's article in the MEDICAL ADVANCE for November, and one that under the circumstances attending a clinique, hurried as it necessarily is at a large hospital, anyone might fall into. Perhaps more than most practitioners I have used the high potencies, especially the 30th of Kali Hydriodicum, and very often in single doses, but I have never, as Dr. Glidden states, used single doses of the crude salt. My single doses are, as a rule, confined to plant remedies, made by myself in the field, and these doses I term unit or arbori-vital doses.

As to Kali Hydriodicum 30th, Dr. Glidden is quite right as to my indications, "a sensitiveness to pressure and to jarring. It is, in fact, *a diffused soreness and tenderness*; such, for example, as was present in Dr. E. A. Taylor's first case; "as he was afraid of anyone approaching him, afraid they might touch his leg, it was so sore." This symptom I have always found to be well met by Kali Hydriodicum 30th, sometimes in single and sometimes in repeated doses. Further information can be obtained in Dr. J. H. Clarke's splendid Materia Medica that you go-a-heads on the other side should be buying up with a rush and not be boycotting as you are doing! Anyway, with all your faults, let me wish you all a very happy Christmas and a lovely New Year and may the MEDICAL ADVANCE proceed as it is in the right direction.

Fraternally yours,

ROBERT F. COOPER,
18 Wimpole Street, London West.

IN MEMORIAM.

Dr. Bushrod W. James died at his home in Philadelphia January 6th, aged 66. The Doctor was attacked with pneumonia while at York Harbor, Maine, last August. He was taken to Boston where he hovered between life and death for more than six weeks. He then recovered sufficiently to

be moved to his home in Philadelphia, but never regained his strength, succumbing to an attack of anæmia as the result of the pneumonia.

He was born in Somerton, a Philadelphia suburb, Aug. 25th, 1836; the son of Dr. David W. James. The family is of Welch extraction, coming to Pennsylvania at the time of William Penn, from whom they purchased a tract of land which they called Radnor, where Bryn Mawr, Rosemont and other points are now situated. Dr. James graduated from the Central High School with the degree of Master of Arts. Entered upon the study of medicine, graduating from Hahnemann Medical College with the degrees of M. D. and H. M. D. He was one of the best known and most popular members of the American Institute, and in 1883 was elected president. He was active in forming the International Convention of Homeopathic Physicians, held in Philadelphia during the Centennial year, 1876, and has attended most of its sessions since. He held numerous positions in local societies in Philadelphia, either as a member or trustee. The eye and ear was his specialty, which he had followed for many years. Dr. James is well known as one of our authors whose work extends outside the medical profession. Among his best known works are: "American Health Resorts and Climates;" "Alaskana;" "Echoes of the Battle;" "Alaska, Its Neglected Past, Its Brilliant Future;" "Alaska's Great Future, Dawn of a New Era;" "The Political Freshman;" "Rise and Progress of Masonic Veteran Associations;" and his latest, just issued from the press, "A History of the Transactions of the American Institute." Another of the well-known figures of the American Institute, who rarely missed a session, has passed to his reward, beloved by all who knew him.

Dr. James was never married. He is survived by a brother, Dr. John E. James, professor of surgery in Hahnemann Medical College, Philadelphia.

Dr. Carl Schumacher died recently at his home in Syracuse, where he had practiced for the last seventeen years. He was born in Germany, emigrated to America when four-

teen years old, studied medicine in Hahnemann Medical College, Chicago, and practiced until 1885 in St. Louis. He was one of the best known homeopathic physicians of Syracuse, and a very successful prescriber.

NEW PUBLICATIONS.

THE AMERICAN IDEA, compiled by Joseph B. Gilder, with an Introduction by Andrew Carnegie. Dodd, Mead & Co., New York.

A collection of typical American documents, from the time of the Declaration of Independence to the present Administration, setting forth in crystallized form the "idea" that this nation has stood for, through all these years. The many and great changes of the past few years, bringing us in such close touch with divers foreign peoples, make the issue of this book just now especially timely, since it serves not only to bring concisely before ourselves the principles to which as a nation we are pledged, but also to give to "the stranger within our gates," in a convenient form, perhaps the best obtainable exposition of the "American Idea."

SYPHILIS: A SYMPOSIUM. E. B. Treat & Co., 243 West 23d Street, New York. Pp. 122. Cloth, \$1.00. 1902.

This series of articles on syphilis originally appeared in the *International Medical Magazine*, constituting one of its "Special Numbers" and the thanks of the profession are due this enterprising publishing firm for reproducing in permanent form for reference. It is especially gratifying to note that a majority of those recognized as the ablest syphilographers in this country and Europe have arrived at the conclusion, or the conviction, that this disease is in the large majority of cases curable, thus verifying the teachings and observations of Hahnemann one hundred years ago, but may require from two to five years, and in unusually malignant cases it is often found impossible. The difference between a benign and a malignant case, or what causes one case to be mild and another malignant, not one of the seventeen contributors has completely or fully ex-

plained. "The tertiary lesions are not contagious and in this stage the disease is not transmissible to children" is, in some cases at least, very doubtful teaching.

A TEXT-BOOK OF CLINICAL MEDICINE. PRINCIPLES OF DIAGNOSIS. By Clarence Bartlett, M. D., Professor of Clinical Medicine and Associate Professor of Medicine, Hahnemann Medical College, Philadelphia. With 245 Illustrations, Including six Colored Plates. Pp. 976. Cloth, \$7.00, Net; Half Morocco, \$8.00, Net. Boericke & Tafel: Philadelphia and Chicago. 1902.

This splendid volume of nearly 1,000 pages, the mechanical execution of which has never been excelled by the Publishing House of Boericke & Tafel, is the most complete work on the Principles of Diagnosis which has appeared in the homeopathic or any other school of practice. The author has devoted years of labor to this work and has given the profession a volume on Clinical Diagnosis just the opposite from the routine, giving the symptoms, the details, clinical relations and diagnostic significance of the phenomena of a sick person employed in examining a patient, in other words, a chapter from daily life as found in practice.

The author truly says:

The old system of teaching medicine has its advantages; otherwise it would not have preserved its popularity to the present. But it has its disadvantages, which become more and more obvious as we have forced upon us the truth of the axiom. "We must treat the patient, not the disease." To label a given case of illness with the name of one or the other diseases described in the standard works on medicine is not making a diagnosis, because the standard clinical types as described in such works are the exception, not the rule.

The method here outlined of studying a case from the clinical side is much more interesting and practical, in fact is practically the only one by which to unlock the mystery so often surrounding many, if not all, cases of chronic disease.

CHAPTER I on "The Examination of the Patient" is a masterpiece in diagnosis and alone worth the cost of the entire work. And this is largely true of every chapter in the book. It is the practical work of a practical man who is intensely in earnest and goes at his work *con amore* with one

and only one object in view, to know what is the matter with his patient; and the method of Bartlett's Diagnosis, if not unique, is a radical departure from the recognized authorities. For instance, in the ordinary work and to the average physician hæmoptysis is generally associated with tuberculosis. But here no less than eleven other possible causes are given and carefully differentiated. The chapters on the Urine, Kidneys and Blood are also very complete. If a book is to be judged by its helpfulness we predict for this a position on a shelf quite handy for ready reference, and it will retain that position for many years to come.

ARCHIVES OF PEDIATRICS: The first of the Twentieth Yearly Volume of a journal, the oldest in the English Language Devoted Exclusively to the Diseases of Infants and Children.

During the coming year its reputation of containing "the best by the best" will be maintained, and its readers may count upon receiving contributions from the leading pediatricists of the world.

NEWS NOTES AND ITEMS.

Dr. Paul B. Wallace removes from Waupun, Wisconsin, to Greeley, Colorado.

Dr. W. Maclay Lyon removes his office to 410 Deardorf Building, Kansas City, Mo.

Whatever else the homeopathic profession may disagree upon it is of one mind on the subject of Perfection Liquid Food.

A Hahnemannian Physician is wanted in Norwalk Conn., a city of 7000 people. Enquire of Mrs. G. R. McGonegal, 59 West Avenue.

The Materia Medica question: Can you tell me a remedy that will cover this symptom: Ezema; Drawing pains, stitching, relieved by rubbing or gently scratching *distant parts*? Do not all answer at once.

Dr. C. T. Carr, (Hering 1901) of Shannon, Ill. and Miss Kopf were married, January 1st, at 5 P.M. at the home of the bride's parents. The doctor has certainly made a good resolution with which to begin the year.

Effects of Vaccination, is the title of a series of papers running

through the *Johnstown Democrat*, written by Dr. M. A. Wesner, for which the people in his city should be very thankful for the information conveyed.

The Englewood Homeopathic Medical Society had a very profitable and enjoyable meeting, January 13th, at the office of Dr. Reprogle. The next meeting will be held at the residence of Dr. Wieland, January 27th.

An Organon Club has recently been formed in Kansas City, for the study of Hahnemann's immortal work on the Philosophy and Art of Homeopathy. With Drs. Waggoner, Lyon, Crutcher, Edgerton and others, it should be a success, for which it has our best wishes.

Dr. Dever, Clinton, N. Y. writes: "The old Advance and myself are old friends and have done business together for a long time. The older we get the better we get, and at our time of professional life we do not feel that we could be safely separated; you may, therefore, consider me a life member of the firm."

Dr. Charles W. Stiles of Boston, Mass. writes: "I am pretty nearly disgusted with Homeopathy 'as she is taught' or explained in our so-called Homeopathic Journals and am thinking of endowing a chair in some institution to teach the good old Homeopathy, or have one hour a day of Hahnemann in our Boston University."

The Homeopathic Members of the Medical Council of Ontario recently elected were: Drs. Cl. T. Campbell, London; G. Henderson, Strathroy; L. Luton, St. Thomas; E. T. Adams, Toronto, and E. A. P. Hardy, Toronto. The election occurs every four years, and we congratulate Dr. Hardy especially on his success, being one of the youngest members of the profession in Ontario.

There is perhaps more truth than poetry in the above plaint, but we do not see very many articles from Dr. Stiles in any of our journals, endeavoring to teach us the better way. We do not think it quite fair that the Doctor should be so much of a sponge, absorb everything and give out nothing. Our columns are open Doctor for an article illustrating the good old Hahnemannian Homeopathy.

Dr. Frank Kraft, editor of *The American Physician*, has arranged for an extensive European tour the coming summer. It will leave just after the meeting of the American Institute of Homeopathy, and afford an admirable opportunity for any members of the profession who wish to join a party that will be enterprising and at the same time conservatively and economically managed. The Doctor has been through nearly every

country of Europe several times, and as he is something of a linguist, no better companion or guide could be had. We heartily advise our readers contemplating such a trip to correspond at once in regard to the time of sailing, rates, etc.

The Maltine Company's two prizes, a first prize of \$1000. and a second of \$500, cash for the best essays on Preventive Medicine have been awarded. The first was won by Dr. W. W. Babcock, 3302 North Broad Street, Philadelphia, and the second by Dr. Louis S. Summers, 3554 North Broad Street, of the same city. There were 209 essays in competition, the authors of which hailed from forty-one different states and territories, of which Illinois had fifteen. These essays are to be published in pamphlet form for gratuitous distribution to the medical profession. The titles of the papers respectively are: The General Principles of Preventive Medicine. and The Medical Inspection of Schools, a Problem in Preventive Medicine.

The Colorado Springs' Sanitarium Company is the name of a new sanitarium organized in that city, with a capital stock of \$1,000,000. The Sanitarium will be located near the famous Garden of the Gods at the foot of Pikes Peak and but a few miles from the springs of Manitou. It bids fair to be a financial as well as a professional success, for there is no more suitable location for a sanitarium in America than Colorado Springs. It is one of the most popular health resorts in the Rocky Mountain states, and needs just such an institution as the incorporators propose to make it, first-class in every particular. The stock is now selling at 25c on the dollar, and it is thought the prospects are good for a 5 per cent. dividend on its face value. We certainly think the outlook a good one and heartily commend the enterprise.

Editor's Announcement. I take pleasure in informing the subscribers and advertising patrons of the Medical Advance that I have effected arrangements whereby the office of the publication of the Journal is to be moved to New York and placed under the management of Miss R. E. Young, for many years the business manager of the Medical Century. By this arrangement I shall be relieved of the arduous cares of the business department, and be able to devote to the editorial pages that care which their imports deserves. All business communications, remittance for subscription, advertising, etc., should hereafter be addressed to the New York Office, 503 Fifth Avenue. Communications connected with the editorial department should be sent to the editorial office, 5142 Washington Ave., Chicago.

H. C. ALLEN.

Publisher's Announcement. In harmony with the foregoing an-

nouncement by Dr. Allen it is a pleasure to me to state that I have undertaken to relieve him of the duties of publisher of the Medical Advance. No one who has not conducted a medical journal with a large and scattered subscription list can comprehend what a burden of care has rested upon Dr. Allen's shoulders as he has carried the journal, in the double capacity of editor and publisher, through all the years of its existence under his direction, and it cannot fail to be a source of satisfaction to those who have appreciated his labors for Hahnemannian Homeopathy that he is in the future to have his editorial work unhampered by the cares of publication.

It shall be the earnest endeavor of both editor and publisher to improve the journal under the new arrangement, to issue it promptly and to increase its sphere of usefulness many fold. Its thirty years of continuous existence, more than half of that time under the present editorship, tell their own story of success and established place in the affection of the profession, and give every confidence for the wider scope of the future. As we work out that future, we shall look to our friends and patrons for their cordial co operation.

R. E. YOUNG.

How to use the repertory is a question which is becoming of more and more interest among those who are seeking a better Homeopathy. We have had many requests to illustrate its use in the Medical Advance. Dr. A. F. Swan, Avondale, Colorado, writes: "In all my college course I never heard a repertory mentioned by a professor from the platform. I have watched the journals for cases "worked out" by the repertory, and have tried to use one in my own work, but I have found many difficulties.

First, inability to obtain symptoms due partly to the patient's dullness or my own ignorance of how to proceed.

Second, difficulty in selecting the leading symptoms.

Third, finding the symptoms in the repertory and applying them to the case in hand."

The best advice we can give is to study the Organon from §§ 84 to 155, in which Hahnemann explains the method of the taking of the case. Then, in the introduction of Bönninghausen's repertory will be found one of the best illustrations of how to use it that we know of. But first, take the case properly before you attempt to prescribe for it.

NEWS NOTES FROM THE EAST.

In New York State there are one hundred and two adult males to every one hundred children.

There are now eighty-five patients under treatment in New Jersey's

State Epileptic Village. There is one epileptic to every five hundred of population.

The situation in the state insane asylum at Danvers, New York, is, according to report, reprehensible and unjustifiable to an extreme degree. The hospital which was built to accommodate four hundred and fifty patients is now housing eleven hundred and fifty. Halls and corridors are crowded with cots. The same situation is said to obtain at Norristown, Pa., where one hundred and eighty men and one hundred and eighty-five women are sleeping on cots in the corridors.

Three quarters of a million dollars have been secured for the building of a new eye and ear hospital, to be located in Fifty-seventh street, near Third avenue, New York. The undertaking owes its inception to the gift of Dr. George E. Hey, who agreed to donate \$50,000 to the Manhattan Eye and Ear Hospital, if the directors would raise seventy-five thousand to cover it. The directors have not only met the conditions of the gift, but secured a large additional sum as well.

A Dairy conducted on antiseptic principles is in operation near Trenton, New Jersey. The cows are housed in one large barn, whose interior is finished in white enamel paint, concrete floors, gutters and basins. To prevent the spread of any disease that may appear in any one animal; each has her own stall and is not allowed to occupy any other. A competent physician tests the milk of each cow daily for the purpose of detecting any disorder. Chips are used for bedding instead of straw. The cows are milked in a milking-room, finished in white enamel. Both in the milking and in the subsequent handling and bottling of the milk stringent antiseptic precautions are used.

Secretary Willson, of the Department of Agriculture at Washington, has extended the experiments with borax-eating now being conducted by the Bureau of Chemistry, to a group of adult invalids and also to babies, the purpose of the series of experiments being to determine the value of borax as a food preservative. In line with the experiments with borax and other food preservatives, another series of experiments will be undertaken to prove the value of the various baby foods now on the market. Some authorities hold that no baby, unless it be a billy-goat baby, can assimilate some of the compounds now on the market as baby foods. If the experiments resolve any of these allegations into facts the impure foods will be blacklisted by congress. It is rather expected that the experiments will extend over a period of from three to five years.

ON CREDIT.

\$22⁹⁰

**Free
Catalogue**



Century Steel Range, No. 80-A-18

Has six 8-inch lids, oven 17x21x12, splendid reservoir and warming closet, lined throughout with asbestos, burns anything, best bakers and roasters on Earth. Guaranteed 10 years. Weight 475 lbs. Only \$22.90. Terms \$8.00 cash, balance payable \$3.00 a month, no interest. Shipped immediately on receipt of \$8.00 cash payment. We trust honest people located in all parts of the World. Cash discount \$1.50 on Range. Freight averages \$1.25 for each 800 miles. Send for free catalogue, but this is the greatest bargain ever offered. We refer to Southern Illinois National Bank.

CENTURY • MANUFACTURING • CO.

Dept.

East St. Louis, Ill.

**CASH
OR
CREDIT.**



**Cata-
logue
FREE.**

CENTURY MFG CO.

The National Surgical and Dental Chair Exchange.

All kinds of New and Second Hand
Chairs Bought, Sold and Exchanged

Address, with stamp

SEND FOR BARGAIN LIST.

Dr. H. A. Mumaw, Elkhart, Indiana.

THE NATIONAL MEDICAL EXCHANGE. Physicians, Dentists' and Druggists' Locations and Property bought and sold, rented and exchanged. Partnerships arranged. Assistants and substitutes provided. Business strictly confidential. Medical, pharmaceutical and scientific books supplied at lowest rates. Send 10 cents for Monthly Bulletin containing terms, locations, and list of books. All inquiries promptly answered. Address,
H. A. MUMAW, M. D., Elkhart, Indiana.

We Can Collect

Your old bills. We are turning worthless accounts into ready cash for scores of physicians in each state. **NO COLLECTIONS. NO PAY.** Largest Physicians Collecting Agency. Our plan is very successful. Write for it, free. Physicians Protective Assn., Kansas City, Mo.

**PRICE
\$33⁵⁰**

It will pay you

to send for our Catalogue No. 6, quoting prices on Buggies, Harness, etc. We sell direct from our Factory to Consumers at Factory Prices. This guaranteed Buggy only \$33.50; Cash or Easy Monthly Payments. We trust honest people located in all parts of the world.

**Write for Free Catalogue,
MENTION THIS PAPER.**

DEPT

East St. Louis, Ill.

THE MEDICAL ADVANCE

VOL. XLI.

CHICAGO, FEBRUARY, 1903.

NUMBER 2

PSORINUM: THE GREAT ANTIPSORIC.*

By H. C. ALLEN, M.D., Chicago.

Hahnemann did not include this great polychrest in his Chronic Diseases, for the reason, as he says: "That its effects upon the healthy organism have not been sufficiently ascertained. * * * I call Psorinum a homeopathic antipsoric, because if the preparations (potentization) of Psorinum did not alter its nature to that of a homeopathic remedy, it never could have any effect upon an organism already tainted with that same identical virus. The psoric virus, by undergoing the process of trituration and succession, becomes just as much altered in its nature as gold does, the potencies of which are not inert substances in the human economy, but powerfully acting agents."

Subsequently, Hahnemann and his colleagues made a careful proving of Psorinum, using potencies made from the sero-purulent matter contained in the scabies vesicle. A salt from the product of psora was used by Hering and his American provers. This is not a so called isopathic remedy, in fact Hahnemann contends there is no such thing in homeopathic practice as isopathy, for he says: "Psorinum is a similimum of the itch virus. There is no intermediate degree between idem (isopathy) and similimum; in other words, the thinking man sees that similimum is the medium between simile and idem. The only definite meaning which the

*New York Homeopathic Medical Society, 1902.

terms 'isopathy and æquale' can convey, is that of *similimum*; they are not *idem*."

One of the obstacles which confronted Hahnemann in the development of the science of therapeutics was the tendency of many acute diseases to return after an apparent recovery, or to relapse after a partial improvement. This it was that set Hahnemann at work in search of a cause for many of his imperfect cures and finally resulted in his theory of chronic diseases and his antipsoric remedies. Of this he says, *Organon*, § 80:

I spent twelve years in investigating the source of this incredibly large number of chronic affections, in ascertaining and collecting proof of this great truth, which had remained unknown to all former or contemporary observers, and in discovering at the same time the principal remedies which are nearly a match for this thousand-headed monster of disease in all its different forms. Before I had obtained this knowledge I could only teach how to treat the whole number of chronic diseases as isolated, individual maladies, * * just like an idiopathic disease.

For many years I failed to relieve or cure many chronic diseases, because I regarded them and treated them as "idiopathic diseases;" and because I had never put Hahnemann's theory of chronic diseases to the test of actual practice, hence did not believe in its truth or its practical worth. I also failed to realize that without one month of close study or careful investigation, I pretended to know more of the cause and nature of chronic diseases than Hahnemann—the ablest observer in the history of medicine—did after he had studied this subject twelve years. Now, after twenty-five years of labor in the treatment of all forms of chronic diseases, I am prepared to verify the truth of every statement made by Hahnemann in his theory and treatment of these numerous, annoying, persistent and often incurable ailments. Perhaps some of my colleagues may be in the same anomalous position of disputing the truth of a verified fact, before they have even investigated it, or put it to the test of practical experience and published its failures to the world, as requested by the master.

The following are given in our works on practice and pathology as peculiar, independent or idiopathic diseases,

while to psora, Hahnemann attributes the "only real fundamental cause" of this formidable list: "Nervous debility, hysteria, hypochondriasis, mania, melancholia, imbecility, madness, epilepsy and convulsions of all sorts, rachitis, scoliosis, syphosis, caries, cancer, fungus hematodes, neoplasm, gout, hemorrhoids, jaundice, cyanoses, dropsy, amenorrhœa, hemorrhage from nose, mouth, stomach, bowels, bladder, uterus, lungs, asthma and ulceration of the lungs, impotence and barrenness, megrim, deafness, cataract, amaurosis, renal and urinary calculus, paralysis, defects of all the special senses and pains of thousands of kinds."

So much by way of introduction. Now for the practical application of this invaluable polychrest.

A good working pathogenesis may be found in the Guiding Symptoms, Hering's Condensed and Clark's Dictionary of Materia Medica, from which I have taken the indications given in my "Key-Notes" and to which I have added my verifications and clinical confirmations. I have been using the remedy cautiously since 1876 and consider it the most valuable anti-psoric in our armamentarium, and wish to give my colleagues who have not tested it some leaves from a chapter of my bedside experience. If you have never used it, if you know nothing of its wonderful curative powers there is a revelation awaiting you if you will apply it as you do Arsenic or Sulphur on the totality of symptoms, and do not repeat it too often. I began its use on the advise of the late Dr. H. N. Guernsey, of whom I obtained my first potency, and to whom I have always been grateful for the suggestion. The following indications I have found guiding:

In chronic diseases when well selected remedies fail to relieve or permanently improve (in acute diseases Sulphur has the same indication); when Sulphur seems indicated but fails to act.

In pneumonia, pleurisy or typhoid the selected remedy fails to produce a reaction, because there is a deeper dyscrasia or constitutional miasm underneath; Arnica, Bryonia or even Sulphur may require the constitutional aid of Psorinum to rouse the vital reaction.

Lack of reaction after typhoid or other severe acute diseases. Appetite will not return.

The tongue is clean, pulse and temperature normal, but the patient is weak, listless, almost lifeless and every attempt to introduce nourishment is followed by fever or intestinal disturbance. The so-called tonics are generally stimulants and as a rule make matters worse instead of better. These cases, if feeding be forced, frequently relapse, and the relapse is often fatal. The constitutional dyscrasia, the basic cause of the sudden explosion in the form of some acute disease, has not been reached and requires a deep acting anti-psoric like Psorinum.

Great weakness and debility; remaining after acute diseases; from loss of animal fluids; independent of or without any apparent cause or any organic lesion.

Many cases of this kind are met in practice where Cinchona, Quinine, Phosphorus, Kali phosphorica, etc., are given simply for the debility and generally without success, because selected for the disease, the localized expression of the constitutional psoric miasm, and not for the patient.

The body has a filthy smell, even after bathing. All excretions—diarrhœa, leucorrhœa, menstrual flow, perspiration—have an offensive, even a carrion-like odor.

This is always a valuable and reliable symptom and has been verified in my practice many, many times. The odor is both objective and subjective and in consequence is very distressing because it affects both patient and attendants. The patient does not object to a bath, as does the sulphur sick, but bathing is useless, it neither cleanses the apparent filthy condition nor abates the abominable odor. A dose of Psorinum will improve the condition in forty-eight hours.

Great sensitiveness to cold air, to change of weather; wears a fur cap, overcoat or shawl even in hottest summer weather.

We all meet many patients who thus complain and suffer; must be muffled continually, cannot bear the least cold air; cannot sleep without a night-cap or their head covered with woolen at night. This is just the opposite from Sulphur, which rarely wants much clothing or covering at night and generally prefers a cool room.

Stormy weather, change of weather they feel acutely; are restless for days before or during a thunder storm; can predict with unerring certainty the approach of a storm, especially an electrical storm.

Phosphorus is sensitive to an electric storm, but it is during rather than before the storm. This extreme sensitiveness to cold and weather changes I have often greatly modified or completely eradicated by the use of various potencies of this remedy.

Anxious, full of fear; full of evil forebodings. Religious melancholia; very depressed; sad, suicidal thoughts; despairs of salvation, of recovery. Acute and chronic insanity.

Often called for to complete the cure or prevent a relapse after Aurum, Melilotus and other well selected remedies have relieved the acute stage. Hahnemann claims that insane patients discharged as cured will relapse unless the bodily ailments on which the mental disease depends are eradicated by constitutional remedies. The use of this remedy in our insane asylums would greatly increase the percentage of recoveries and lessen the time in the hospitals; and to prevent a relapse the patient should take an occasional dose for weeks or months after the discharge.

Headache: preceded by flickering before eyes: by dimness of vision or blindness; by black spots or rings.

Both Kali bich. and Lac deflor. have flickering and dim vision or blindness preceding the onset of pain or at beginning of headache; but when the pain becomes severe the dimness clears up. Yet while these remedies may relieve the severity of an attack they rarely make a permanent cure or eradicate the disease.

Headache: always hungry; > while eating; from suppressed eruptions or menses; > by nosebleed.

This anomalous condition of hunger during headache with relief while eating belongs also to Anacardium and Kali phos., and if they are the similimum may cure the case. But this rarely occurs, and if they palliate for a time it will often require Psorinum to effect a permanent cure.

Quincy: Tonsils greatly swollen; difficult, painful swallowing; throat burns. feels scalded; cutting, tearing, intense pain, shooting to ears on swallowing; saliva, profuse, ropy, offensive; tough mucus in

throat, must hawk continually. The remedy to not only > the acute attack but to eradicate the tendency to suppurative tonsillitis.

Apis, Baryta, Belladonna, Lachesis, Lac caninum, Lycopodium or the Mercuries may control the acute attack but will rarely eradicate the constitutional diathesis and thus prevent future suffering. When clearly indicated by careful differentiation, we have never found any remedy so promptly curative during the inflammatory stage of quinsy as Psorinum.

Diarrhœa: sudden, imperative, gushing, (like Aloe, Sulphur); stool, watery, dark brown, fetid, smells like carrion; involuntary, < at night from 1 to 4 A. M. (before Sulphur begins); during typhoid or after severe acute diseases; in teething children; when weather changes; when Sulphur > but fails to permanently cure.

Constipation: obstinate with backache (Æsculus and Kali carb.); from inactive or parietic rectum (when Opium, Plumbum, Sulphur fail to relieve or cure).

The obstinate diarrhœa which occurs during marasmus, summer complaints or typhoid, often finds its curative in Psorinum when apparently the best selected remedy fails to cure.

The constipation of teething children, especially if eczema be present and Calcareæ fails to relieve; or when obstinate constipation with inactive bowel follows typhoid or attends a history of suppressed eruptions. Psorinum may cure the case.

Leucorrhœa: large, clotted lumps of an unbearable odor; during climaxis, when Sanguinaria fails; violent pains in sacrum; great debility.

This is one of the few remedies that has a clotted, lumpy leucorrhœa; and no remedy approaches it in offensive odor, the bane of the patient's life.

During pregnancy: morning sickness and the most obstinate vomiting, when Lactic acid or the best selected remedy fails to relieve.

Here Psorinum will often relieve this distressing condition of the mother, and what is of far greater benefit, correct the psoric diathesis of the unborn child during the plastic period of life. This is probably our greatest remedy, because most frequently indicated, for the prenatal treatment of the constitutional diathesis, the psoric dyscrasia. Here is a field that especially belongs to the follower of

Hahnemann, where his potentized similimum may begin the eradication of constitutional ailments in early life; where the discomforts of the pregnant mother are nature's call for the relief of the unborn child.

Asthma, dyspnoea: < in open air, < sitting up (Laur); > lying down and keeping arms stretched far apart (rev. of Arsenic); despondent, thinks he will die.

The position which the patient assumes to obtain relief—lying down—is just the opposite from Arsenic, Lobelia, Ipecac, etc., so that differentiation is not difficult when the mental depression so marked under Psorinum is taken into consideration.

Hay Fever: appearing regularly every year the same day of the month, or in midwinter when exposed to dust, with an asthmatic, eczematous or psoric history. The patient should be treated the previous winter to eradicate the diathesis and prevent the summer paroxysm. Few remedies are so often called for in the midwinter paroxysm.

Many a martyr to this distressing affection has been restored to health and enabled to attend to business the year round by the curative virtues of Psorinum. But it must be given for the totality of the symptoms of the patient, not for psora or hay fever. The family history of eczema, quinsy, suppressed eruptions, or an uncured typhoid added to the symptoms of asthma or hay fever may clear up the case and make the selection certain. If the patient complains that he or she "has never felt well since an attack of typhoid years ago," it confirms the selection of Psorinum and if the remedy be given when called for by a return of the symptoms, in various potencies, it not only lessens the severity of present attack but paves the way for a complète cure.

Appendicitis, like typhoid, rarely occurs except in a psoric or tubercular patient, and the more pronounced the dyscrasiæ the more severe the acute attack and greater the tendency to relapse. It is the experience of the writer that under the curative action of Psorinum—after the acute attack has been relieved by Belladonna, Bryonia, Magnesia phos, Lycopodium, Mercurius or the remedy called for by the symptom totality—the dreaded relapse and subsequent

surgical measures will rarely be called for. The tendency to recurrent attacks may be eradicated and the patient cured. According to the published symptoms, the case of the late Hon. Thomas B. Reed is in point.

PSORINUM IN THE POTENCIES.

By E. B. NASH, M. D.

I want to say that, taking our whole school, there are very few who use, or who value, or estimate, as they ought the curative properties of this remedy, Psorinum. One reason is because a very great many of our physicians have no faith in potencies above the third or sixth, and Psorinum is seldom used there; it must be used higher to do its best work. A man does not, very naturally, want to swallow, even for the sake of getting well, a very large dose of itch-pustule; but that it is a remedy capable of doing a great deal of good, capable of helping the action of other remedies, capable of overcoming the manifestations of the dyscrasia; known as psora, is well known to those who have thoroughly tested it. Now, on this subject, of course, you might talk to a great many physicians from now on and they would not have any faith, or faith enough at least to try it in any potency so high as the 30th, and would not have it in their office, as I would not when I began practicing medicine with Psorinum or any other remedy. Such physicians, of course, cannot come to the truth and understand what there is in such remedies as Psorinum, Lycopodium, Sepia, etc. That remedies do cure in low potencies and as crude drugs, we do not undertake to deny for a moment, but we do undertake to affirm, and that from an experience of forty years, that remedies do cure in the 30th 200, cm. and dmm. So, we say try these remedies in the strong potencies, "prove all things and hold fast to that which is good." If there ever was a man who started off with a prejudice against the use of high potencies—and I say this in regard to the potencies simply because we are

using a drug that has only been used in the potencies, and for that reason is not understood by the profession, which is prejudiced against them—I started off as prejudiced against what we call potencies as any man ever could be, and had no use in my office for a potency above the sixth, because I did not want to risk the life of my patients, or do discredit to myself, or to violate what seemed to be common sense. But flat failures with low remedies, and observation of the success of men like Hering, P. P. Wells, Carroll Dunham and such men, induced me to try them, and against my will I was convinced of their efficacy

Psorinum is one of those remedies which like Aurum, Natrum and Lachesis, depresses the mind horribly. The patient is bound he cannot get well. He is discouraged, and you cannot encourage him. He takes the sombre view of life in every direction. His disease makes him so, when he may be naturally a very hopeful patient. Psorinum, especially if that patient has suffered recently from some disease from which he has not fairly and fully recovered, is one of the first remedies to give that kind of a case, and to remove this hallucination that comes over him, that everything is going to the devil, and he too. I have only a word more to say in regard to this remedy. I fully endorse what Dr. Allen has said about it, and think that of all men in our school of materia medica there is none who understands the properties and use of Psorinum better than he. You remember I alluded to some other remedies, and these comparisons are very useful, because we often find a class of remedies covering those cases of hopelessness which come to us, resulting from different causes. If I should have a case of that kind come to me, that came on after a disease not cured, or only partly cured, why, I should say my mind would be immediately led to Psorinum. If on the other hand, I found those cases coming from a badly cured syphilis, I would think of Aurum, and especially if the patient wanted to commit suicide, although that symptom also comes under Psorinum. If we found a man filled up with quinine, suppressed chill after chill, and found him also

plunged into this melancholic state, we would immediately think of a remedy that has melancholia as its indication, and *Naturum muriaticum* in the 200th or 2000th and cure the patient. Then, if you found a woman at the climacteric, and having the other symptoms—other things being equal—we would not look at either one of these at all, but find our remedy in *Lachesis*. So that we have to take into account and very carefully guard against one remedy because it covers one particular symptom, and the greatest need along the line of prescribing is in the direction in which Hahnemann said, that the peculiar characteristics of the remedy must apply to those that are peculiar and characteristic in the patient; so that we get a peculiar symptom, and we say that peculiar symptom is in the patient, but we must remember that that peculiar symptom in that patient can be covered by half a dozen remedies, and we must look to the one that covers all the peculiar symptoms.

—*New York State Transactions.*

WHEN? WHERE? HOW?

BY WM. P. WESSELHOEFT, M. D. Boston.

[In dicussing a paper by Dr. Defriez, before the Boston Homeopathic Medical Society for November, upon "Application of the *Materia Medica*," Dr. Wm. P. Wesselhoeft, the well-known Hahnemannian member of that distinguished family of physicians, presented the following admirable homeopathic philosophy and helpful illustration of how to secure the fullest beauty or its exemplification in practice. We are sure it will be read with interest and profit by every student of pure Homeopathy to whom THE ADVANCE may be able to carry it.—Editor.]

The very able paper that we have just heard, is most gratifying and encouraging evidence that not all the younger disciples of the *healing art* have abandoned the cardinal teachings of Hahnemann. Lost in the maze of pathology and morbid anatomy, many of us have confounded path-

ological tissue changes with *the disease*, instead of more carefully investigating the symptoms and conditions which lead up to these tissue changes.

A most important point upon which our essayist has dwelt is the statement that we homeopaths are not called upon to treat diseases, but to treat the individual man, woman, child (or animal) by probing and prodding the patient, and investigating until we discover characteristic symptoms of the disease, and these are to serve as the key notes for the diagnosis of the remedy. Hahnemann once said, when asked what remedy he used in pneumonia, "I have nothing to do with names of diseases, but I have much to do with diseased persons."

In Homeopathy there can be no such thing as a remedy for a disease. Any remedy in the *materia medica* may be the homeopathic simile or similimum to a case, no matter what the pathological diagnosis may be. Every new case should be approached as if we had never seen a similar one before. Nature in her endless reproductions never produces two things alike. No two human beings express themselves alike in health, any more than they do when their vital energy is in discordance. The physical diagnosis is of importance, chiefly for the prognosis and hygiene, but with this alone we cannot cure. The selection of the remedy homeopathic to the case, *i. e.* the diagnosis of the remedy, unhampered by the *name* we have given the *disease*, is the true and only method of securing the curative agent.

A remedy should never be selected according to loose generalizations which are considered by many more scientific. No pathological stilts should be used in our search for the remedy. We should be governed by the symptoms observed by the provers on the one hand, and on the other, those observed in the sick. Let me elucidate this by an experience of which I am still somewhat ashamed.

Many years ago, called in consultation to a case of typhoid by a colleague whom I highly respected for his industry and sagacity in the selection of remedies, I sat by the bedside of a moribund patient. He was in the middle of the

third week of his illness, which took on the gravest symptoms in the beginning of the second week. The collapse was plainly visible in his face, sunken eyes, livid skin, profuse cold perspiration, spasms and rigors, no response, strabismus with injected sclerotic, irregular respiration, pulse uncountable, inability to swallow, every now and then a faint shriek with the spasms. Everything pointed to an impending cerebral paralysis, which in my judgment was not far off. I told my colleague frankly that my presence might be a comfort to the family, but I certainly could not help him in the restoration of a moribund patient. Nevertheless I suggested Hellebore as a trial. Four or five days later, to my astonishment, I was asked to see the patient again, and there I found him lying quietly, perfectly relaxed in bed, while the nurse was giving him milk by teaspoonfuls. It seemed to me like a resurrection, and I wondered and marvelled at the effect of the Hellebore. My colleague, after paying me a few compliments on my sagacity, which I absorbed like a sponge, very frankly told me he had not given Hellebore, as he thought it not sufficiently indicated after studying it. Instead, he went back to his patient with a bagful of repertories and materia medica, and continued observing his patient. He now found the following *characteristic* symptoms: Spasms always commence in the face first, then spread all over the body, and end in the fingers, which are stretched out and spread wide asunder. After a diligent search he found this group of symptoms under Secale.

1. Spasms commence in face and spread over body.
2. Fingers spread apart in spasm.
3. Profuse, cold, clammy sweat; pale, sunken hippocratic face.

Here was a group of symptoms, a tripod, to stand upon. If ever a man was grasped from the jaws of death, Secale and nothing else was this man's saviour; but the selection was the work of an artist.

The examination of a case according to the rules laid down by Hahnemann in the Organon, is the first prerequisite to a truly homeopathic prescription. He devotes six-

teen paragraphs to this subject, going into the minutest details and repeatedly charging the examiner to write down the symptoms, and not to trust his memory to recall them. When such a true picture of the case is once recorded, the chief part of the work is done. It then only requires to pick out and underscore those symptoms which are individual and peculiar to the case.

Single symptoms are of little value. Groups of symptoms of great value, especially those which can be characterized as appearing at certain times of the day or night, which we may call the *When*.

The locality and direction which we may call the *Where*.

The conditions and modalities which aggravate or ameliorate, which we may call the *How*.

Now in studying the *materia medica* just these points should be constantly kept in mind; *when*, *where* and *how*; or time, locality and conditions or *modalities*.

There is no better way to become acquainted with well proved remedies, than by comparing them one with the other. Taking for example, *Nux vomica* and *Pulsatilla*; *Aconite* and *Bryonia*; *Bryonia* and *Rhus*, etc., and study them side by side. In this study the beginner will oftentimes become confused and discouraged, mainly because he sees so many *similarities* in the mental and bodily symptoms. If he perseveres, however, he will soon discover that *dissimilarities* are the factors which he is after, not the similarities, and these he must pick out of the pathogeneses and try to remember them. In this way he will soon acquire a facility in comparing two very similar remedies, always remembering the cardinal points in which they differ.

This study should always be made by writing down the observations exactly in the same way which Hahnemann demands in his directions when examining the sick.

Our aim must be to learn to *differentiate* between remedies. After a close study of a case we may, for instance, get down to two or three remedies to choose from, when we may have begun with a dozen or more. One; and only one of these two or three remedies, will be the one homeopathic

to the case; not the three, not the two, but only the *one*.

Shakespeare somewhere has this wise line: "For on your choice depend both safety and health." Let us strive to learn to choose the remedy in accordance, not with a rule but with the law governing homeopathic therapeutics.

WHY THE INDICATED REMEDY FAILED. *

J. W. MARTIN, M. D.

Professor of Materia Medica, Denver Homeopathic College.

I do not believe anyone—much less myself—has any business to attempt an explanation of this question, inasmuch as the *fact* of a failure of "the indicated remedy" still remains in the realm of unproved assertion, hence a discussion of the matter as set forth in the subject of this paper would be equivalent to condemning individuals without first having given them an opportunity to prove their innocence. I do not believe that the members of this Club would care to join in a movement calculated to bring discredit upon so well an established principle of Homeopathy as the indicated remedy has proved itself to be, nor do I intend to carry the discussion along the pathway of failure as, personally, I do not believe that there has ever been a failure of the indicated remedy, nor do I believe that there ever will be, where there is a ghost of a show to bring about a change in the conditions, for the better, or to effect a complete cure.

Now when I was advised of the honor your committee had thrust upon me, the honor of being the one to tell you all about "why the indicated remedy failed" I began casting about for reasons, and I assure you, notwithstanding the fact that I made diligent inquiry of both old and young men in our school of practice, and that furthermore, I advertised for "help" to answer the question as presented, in a satisfactory manner, outside a postal card reply from Dr. J. W. Dowling, of New York City, all my efforts in the direction

*Read before the Homeopathic Club at Denver Oct. 20, 1902.

of securing outside evidence were of no avail. I do not desire to give out the impression that he has solved the problem to my satisfaction, but he gives the reason why "his" indicated remedies fail and as there are indications *and* indication, as well as reasons *and* reasons, I will give them to you intact:

J. W. Mastin M. D.

116 W. 48, N. Y. May 1902.

Dear Doctor:-

My "indicated remedies" fail I believe from one or both of two causes:

- (a) Some cases are hopeless.
- (b) Lack sufficient knowledge of *Materia Medica* to choose the similmum in all cases that are capable of being helped.

Fraternally, J. W. Dowling.

In regard to the first-excuse he gives for failure, it is hardly necessary to waste time in telling why any person, or any remedy, (whether indicated or not,) does not meet with success, for if the case be hopeless to begin with, it would be a waste of energy to attempt treatment of such a condition unless it be that you "needed money"; even in that case, the results would be the same. But there is another class of persons which should be included among the hopeless cases, and they are what we might term the "unreliables." Homeopathic physicians have discovered that their infallible law of cure does not always label patients with clear-cut indications of the similmum, that in a great many cases they have to deal with, there are people whose external appearance presents a poor reflection of their actual condition, and to place any reliance upon objective symptoms in such patients, would be equal to exhibiting an abiding faith in the record of a Pullman car thermometer, which invariably stands at 80° above, winter and summer. There may be some skeptical ones here to-night, who will contend that our provings have been made in some cases upon unreliable people, hence that we have in our *Materia Medica* some unreliable symptomatology. But I do not believe that a suggestion of that sort would receive a very enthusiastic reception, inasmuch as we are all inclined to believe that the majority of the members of the human race are reliable, and from the care and patience employed

in the proving of homeopathic remedies, it is hardly probable that any but the most reliable persons were used as mediums through which this wonderful law of similia might be established.

Regarding the second reason "I lack a sufficient knowledge of *Materia Medica* to choose the *similimum* in all cases that are capable of being helped"; I want to say that when one stops to take into consideration the colossal proportions of our *Materia Medica*, with its almost endless number of symptoms and the similarity of their character, it seems a task almost too gigantic for the average student to store away a sufficient supply of therapeutic knowledge to cover even the ordinary run of cases which are presented to the average practitioner, yet if one finds him or herself in the unfortunate condition of knowing it all, having invested themselves with celestial powers, being in consequence well fitted, (in their own estimation) to choose not only the *similimum* in every case, but also being able to apply it properly in all conditions, this second reason for failure would be a *dead horse*. There are, however very many, and I believe the preponderance of testimony, if it were given, would lead to the confession by a majority of the older practitioners, that "many a time and oft," they have found themselves "up against the real thing"; so much so that they have been obliged to resort to some very unhomeopathic methods; of course the members of the younger set do not meet with any such difficulties.

One of the most common of the unhomeopathic methods to which I refer, is the alternation of remedies. Regarding this worse than bad practice which a lazy man or woman very easily acquires, Dr. Chapman says:

"It is not thinkable that one can have a clear-cut picture of his case, hunt down the remedy that covers the totality of the symptoms, and then be such an unspeakable ass to give in conjunction with it one or more remedies. The alternationist is almost slovenly practitioner of Homeopathy, to say the least. Such practice is often unsuccessful and always unsatisfactory. I know from a long, miserable, bitter experience that, as in morals and religion, so in the practice of Homeopathy, the way of the transgressor is hard.

"A lady physician recently said to me, the great ambition and hope of my life, Dr. Chapman, is to become a first-rate prescriber,

"Do you always seek the *similimum* or do you alternate your remedies?" I asked.

"O, I always alternate, she replied.

"How in the name of God and suffering humanity can you hope to be come a good prescriber, unless you seek *always* with all your soul the single, indicated remedy? I returned with astonishment, and a considerable degree of indignation. There is no progress and no science in *any* such methods. If the Homeopathy of Hahnemann be the science of therapeutics, there can be no place found in it for the alternation of our remedies."

I don't pretend to have explained "why the indicated remedies failed" but I hope I have started the ball rolling toward an expression of opinion on this question by those present, that will result in the clearing up of this heretofore unexplained problem to the satisfaction of all.

[A very frequent reason why we fail to select the indicated remedy is we often, some of us perhaps always, neglect the first element of the prescription, viz. the *writing down* of the symptoms, "the taking of the case", so that we may know for what we are prescribing. Hahnemann was the first medical man to see the necessity for this and he practised it long before we had a "voluminous *Materia Medica*." No physician is expected to memorize the symptomatology of even one of our polychrests, to say nothing of the *Materia Medica*, in order to select "the indicated remedy." Hahnemann says, § 104: "when the totality of symptoms that marked the case of sickness, or, in other words, when the picture of the disease is once accurately sketched, the most difficult part of the task is accomplished." With the case well taken any physician of ordinary intelligence can select the remedy. If it be not well taken no one, no matter how much *Materia Medica* he may be master of, can make the selection except by accident. He must have the symptom record of the case before him, ere he can select a remedy that will be even similar, not to say the *similimum*. It is not the number of symptoms merely but their value as well, as per § 153 which must decide the final choice. ED.]

ELECTRICITY: A PROVING.

BY A. E. COLLYER, Doctor of Electro-Therapeutics, Chicago.

EDITOR MEDICAL ADVANCE.—I have made a careful study of electricity and electro-therapeutics, and have come to the conclusion, after nearly 13 years of work in and study of electric phenomena, including a three years college course in a reputable Electro-Therapeutic College, that electricity is a "dynamis," and no matter in what form used, its ultimate effects are the same.

I have gathered together during this time a great many symptoms which I have verified and which others have verified before me, and I herewith submit them for the use of the true homeopathic prescriber. In doing so, however, I do not wish it to be understood that any person can intelligently apply the remedy, without having a clear knowledge of the drug used as to time and place of administration and of the size of the dose; nor does this include electrolysis or immediate effects, unless so specified.

MIND—SENSORIUM—Sense of falling.

Loss of equilibrium.

Could not walk in a straight line second day after receiving shock.

Sense of suffocation.

Body felt as if made of lead, could scarcely move.

General lassitude; feels lazy and weak; drowsy.

Dullness of mind, unable to study, could not endure mental labor, although before would have laughed at the idea of becoming tired.

Great irritability of temper.

Feeling of depression < evening.

HEAD—Anæmia of brain during application followed up hyperæmia; throbbing, congestive headache. Vertigo. Lead-like feeling over whole head, < occiput, second day after application. Convulsions in a dog after application to brain. Forehead very cold, second day. Sharp piercing pains through head, < occiput.

EYES—Anæmia during hyperæmia following application. Dilatation preceded by momentary contraction, and followed by contraction. Phosphenes. *Muscæ volitantes*. Secretion of mucus and flow of tears greatly increased, then decreased; dryness. Amaurosis after violent shock from dynamo lasted two days, cured by Faradic current. Flashes of light. Shooting, stitching pain in canthi come and go like electric shocks, second day. Mist before eyes, gradually passed away second day. Halo around lighted lamp.

FACE—Neuralgic pain on left side, stitching. Dull pain in malar bone. Pallor; temperature of face decreased during application, increased afterward.

NOSE—Will produce all symptoms of a severe cold in head; verified several times. At first dryness, stitching pain from root of nose toward tip. Sensation of about, and great desire to sneeze, unable to do so. Titillation. Congestion and inflammation of Schneiderian membrane, with sensation of stuffiness and fullness. Fluent, watery discharge, third day.

MOUTH—Loss of taste, tongue feels paralyzed, heavy as lead. Very dry metallic taste, second day. Tongue coated white. Sharp, shooting, stitching pain from without in from angle of jaw to base of tongue, with profuse flow of coppery-tasting saliva. Said to have produced sugar in saliva in lower animals.

THROAT, NECK, LARYNX, ETC.—Constriction. Spasm of glottis. Throat very dry, with sensation as if something were in larynx. Neck stiff second day. Throbbing carotids.

EARS:—Burning pain; hears noises like bubbling of oil. Increased secretion of earwax. First anæmia, then hyperæmia of tympanum. Deafness; sharp, shooting pains in ears.

STOMACH—Feels as if a ball of lead were in stomach, second day. Nausea. Sinking feeling in stomach. Appetite increased.

ABDOMEN—Stitching pain in region of spleen. Contraction in rectum, with pain in abdomen and nausea. Per-

istaltic action of intestines cease, second day after heavy shock. Wild current produces contraction of intestines if pushed too far, or too often paralysis. Increases secretion of intestines.

URINARY ORGANS.—Decreased amount followed by profuse urine; continual desire to pass urine.

Sugar in urine. Stitching pain in kidneys and along ureters.

MALE SEXUAL ORGANS.—Pain in testicles as if they were being torn from the cords.

Very marked erections the first two mornings after application, not > by cold water.

Following this, penis very flaccid, with profuse pale urine.

FEMALE SEXUAL ORGANS. — Contractions of uterus, lasted several days.

Leucorrhœa, at first watery and profuse, later flaky and viscid; transparent.

Profuse flow of blood for two days.

Stitching, cutting pains.

CHEST—Tetanic respiration, especially inspiration. Heart's action at first accelerated; if dose too large paralyzed. Stitching pain in heart and chest. Feels suffocated; oppression as if a piece of lead on chest.

BACK.—Pain in back, < lumbar region.

NERVOUS SYSTEM.—Nerves are at first stimulated; and as current increased paralyzed. If electricity be too frequently applied, even in small doses, later effects are invariably paralysis. Pain, shooting, tingling, lancinating. Neuralgic pain in organ's excited, following application of electricity to nerve trunk supplying these organs.

SLEEP AND DREAMS.—No sleep till 2 a. m. Disturbed sleep. Dreams of devils.

SKIN.—Hyperæmia. Hyperæsthesia, second day. Herpetic eruptions. Urticaria. Intense itching. Acne, back and shoulders.

GENERALITIES.—Inability to walk in a straight line. Exhaustion; weariness; syncope. Profuse sweating of up-

per part of body, especially of axillæ. Quickened pulse, general excitement, increase of temperature. Loss of equilibrium. Sensation of heaviness. Everything feels like lead, or as if parts were solidified. Sensation of fatigue and weakness. Lame, weary sensation. Numbness, paralysis; sensation as if part moved was made of lead.

[This is a very creditable pathogenesis. We will gladly publish additions and verifications and then perhaps Dr. Fincke may be induced to make us a potency as he did with the X-Ray.—ED.]

HOMEOPATHY vs SURGERY.

E. A. P. HARDY, M. D., M. C. P. & S. Toronto.

M B. age 19, English sanguine, lymphatic. Mother a Whitechapel gin drinker. Father unknown.

Dec. 1900. Patient was suffering with symptoms of gastric ulcer. She had been during the past two or three years in hospitals under two eminent men of the other school and latterly under a careful homeopathist. For some months was in hospital under strict diet and rectal feeding and prescribing done as carefully as it was possible for me to do. The remedy given stopped the pain, nausea, hemorrhage for a while, but no permanent good was done. Ars., China, Ham., Puls., Sul., Psor., Tub. had each been given a fair trial. No permanent good resulting from several months' rest and care it was decided to do a gastrotomy, and in August, Dr. Herbert Bruce F. R. C. S. performed the operation through a median incision. After opening the stomach the ulcer was discovered, a typical "punched out" round ulcer on posterior wall. A purse string silk suture was inserted about the ulcer and other incisions sutured. Patient rallied well and received nourishment by the mouth on the 5th day. Recovery uneventful and patient discharged apparently cured.

Sep., 1901. Patient had several profuse hemorrhages from the bowels which Ham. 500 promptly relieved and

eventually stopped. These were due probably to a rectal ulcer. If a rectal ulcer could be cured by the remedy why not one of gastric origin? Hence the following decision:

Jan. 1st, 1902. Over five months after the operation the old symptoms returned: pain, nausea, vomiting and hemorrhage. A second operation was suggested but the idea was opposed.

During January, February, March had several bad attacks of hemorrhage but no remedy seemed to hold the case longer than a few days. The symptoms changed at intervals, and hence the exhibition of remedies so different in sphere and action.

April 3rd. Gathered the following symptoms which had never appeared before exactly the same;

Stomach: Pain < eating; pressure; touch; with great restlessness.

Vomits: Dark blood; bile; mucus.

Tongue: Bright red; smooth; dry; great thirst.

Pulse: Weak, irregular, small and compressible—
Crotalus 500.

Patient reacted to this remedy well and I did not see her during May, but June 13th patient complained of having hemorrhage from the mouth; was sure it was not from stomach. Menses had not appeared since April. Placebo.

October, 1902. She came in to say she was very well and to ask me to come to her wedding.

Surgery may remove the result but seldom can it get to the root of the matter and remove the cause; it requires the indicated remedy to effect that.

MEDORRHINUM AND ERYSIPELAS.

Although this article is chiefly devoted to surgery, yet I trust it will be considered as one of the many cases where the homeopathic remedy will help after the knife has done its best work.

L. R. Age 54. German; understanding so little English that it was with great difficulty any symptom, except that of "pain" could be obtained, hence the delay in exhib-

iting the proper remedy. History of two attacks, apparently of gall stone colic. Hard drinker.

April 21, 1902. Temp. $101\frac{1}{2}$ p. 100 r. 22. The symptoms called for Belladonna which was given, and patient removed to Grace Hospital.

Condition became worse in a short time; delirium, sleepiness and great restlessness, with symptoms of pus formation somewhere in region of liver, which was sensitive, enlarged, depressed, the gall bladder being easily palpable and a tumor evident near the right of the umbilicus.

April 25th, Dr. Emory performed a cholecystotomy and found a displaced and greatly distended gall bladder filled with a mucoid substance with no evidence of pus or gall stones, but some inflammation of the mucous membrane of the bladder and ducts (Six members of the other school saw the patient before the operation and expected to find pus present).

May 4th. Condition was fair only till this day when erysipelas developed on right ear and cheek with otorrhoea and great pain and restlessness and thirst for ice water. Temp. $105\frac{3}{4}$, p. 140, r. 28. Rhus cm. was given with no results and on May 7th Pyrogen cm. was exhibited, again with no good results.

May 11th. Sulphur m. was given and condition improved somewhat until May 27th when a swelling was noticed on vertex and about 6 or 8 ounces of pus evacuated. This abscess healed readily after the scalp was shaved and adhesive straps applied. A pure culture of streptococcus was obtained.

June 5th. A second attack of erysipelas developed rapidly extending over the whole body, even to fingers and toes, excepting only a small area about the artificial fistula. Rhus cm. and Sulphur cm. were given between this date and June 13th, with no apparant result except to make temp. very irregular.

June 16th. Temp. elevated to 103° and another attack supervened and patient showed signs of being close to the border land.

June 27th. A friend of the patient told me he had had three attacks of gonorrhoea during the last three years and so Medorrhinum cm. was given with the result that in 48 hours temp. dropped to $96\frac{1}{4}^{\circ}$, and patient improved in every way but wound would not close.

July 11. Wound was curretted for about $1\frac{1}{2}$ inches along the sinus and three stitches applied but of no avail.

July 15th. It was decided to perform a choleyst-enterostomy, and a Murphy button was applied between the gall bladder and Ilium, the duodenum being fixed. Patient rallied fairly well, but on July 29th, the temp. dropped at 4 a. m. to 97° , rising again to 99° in a few hours.

July 30th. Temp. $96\frac{1}{4}^{\circ}$ and symptoms of hemorrhage showed; three profuse hemorrhages from the bowel following in close order. China 10x repeated was given along with whisky and saline solution subcutaneously. This hemorrhage was due probably to the loosening of the Murphy button which was expelled on the 30th of July.

After all these experiences patient rapidly improved and was discharged from the hospital. At time of writing, (Oct. 28th.) he has gained weight and is feeling very well; the discharge from the fistula issues through a hole through which a fine probe cannot be passed without causing pain and this will undoubtedly heal up by the beginning of the new year. In my own mind, without the Medorrhinum, the patient would never have ended a second operation—as he would have died, his temp. fluctuating between 103° and $105\frac{1}{4}^{\circ}$ and pulse about 130 and 140 for many days together.

CLEVELAND AND SMALLPOX—FIGURES ABOUT VACCINATION THAT DO NOT LIE.

By A. N. DAVIS.

NOTE—A physician writes me as follows;

“I have been reading your journal to see how you would get out of the smallpox hole. You entered it by way of Cleveland, and you have pulled the hole in with you, as vaccination is one of the best tested truths of history.”

I have written a number of editorials on the fallacy of vaccination, but there is nothing that ever proved in such a startling manner the uselessness of this venerable scourge so thoroughly and emphatically as does the article which follows herewith. A little investigation seems to indicate that vaccination in Cleveland has caused the terrible increase in death from smallpox.

During seven months of sanitation there were 31 cases and 6 deaths.

Vaccination followed because of the terrible hue and cry raised by the money-mad vaccinationists throughout the country, and in four months there were 1059 cases and 171 deaths.—Editor.

In a recent article published by the *Norwich Bulletin* at the instance of a local physician (quoting from the *Philadelphia Medical Journal*) that paper endeavors to convey the idea that sanitation has signally failed as a preventive of smallpox, and that it has again been necessary to resort to vaccination.

With a view of correcting such false impressions, I beg leave to offer the following:

It is a conceded fact that Dr. Fredericks gave Cleveland a much needed cleaning up during the summer and autumn of 1901. It is also a notorious fact that, instead of receiving due credit from a majority of the medical journals and certain druggist trade papers, he was at once made a target for hostile criticism, and censured by them, and his every effort belittled without stint. A vigorous opposition was at once brought to bear by health officers of neighboring cities, from Buffalo on the East, to Chicago on the West, and Dr. Fredericks was forced to abandon his sanitary efforts, not because he had not improved the condition of Cleveland, but because his efforts were furnishing ammunition to the opponents of vaccination, and disproving the efficacy of that medical dogma. That this was the true cause of the resumption of vaccination in Cleveland will be readily seen if one scans the columns of medical papers of the past year. Now that vaccination is again the fad in

Cleveland, we see the city again getting into line as a breeding place of the scourge. All this is heralded about the country as a failure of sanitation. A letter from Dr. Fredericks (written in September, states that he had again resumed vaccination, and was vaccinating 10,000 people per day. According to this it would seem that Cleveland ought to be ere now a well-vaccinated community; and moreover, according to Dr. Lindsley, Secretary of the Connecticut State Board of Health, ought to be free from smallpox in epidemic form. Let us examine the weekly health report to the surgeon-general of the U. S. Marine Hospital service published by the *Philadelphia Medical Journal*. As this is official, no one will deny the truth, I give this condensed as a monthly statement to save space. For seven months following the period of sanitation, which was completed on Nov. 9, 1901, we find the following:

	Cases.	Deaths.
November, 1901.....	0	0
December, 1901.....	1	0
January, 1902.....	5	0
February, 1902.....	9	0
March, 1902.....	3	0
April, 1902.....	3	1
May, 1902.....	10	5
Total, seven months.....	31	6

Now, if we examine these same reports for the succeeding four months, we find a situation which plainly hints that Cleveland must be getting filthy again, as it is evident that vaccination is in nowise arresting the progress of the epidemic, and this notwithstanding the disease is usually less active during warm weather. Here we find conditions growing worse at a rapid rate, in spite of health boards, vaccination and summer heat.

The record for:

	Cases.	Deaths.
June, 1902.....	142	11
July, 1902.....	82	15
August, 1902.....	294	43
September, 1902.....	330	42
October, 1902.....	211	60
Total, four months.....	1059	171

Deducing facts from these figures, does it look as if vaccination had in any way improved the situation? I will venture the assertion, and I am confident that the facts will bear me out, that if we knew the situation accurately, we would find it necessary to look for both vaccination and smallpox in the same section of the city.

It is a time-honored custom in most American families to enforce sanitary measures via the washtub every Monday, but we find, as a rule, that it is necessary to repeat the operation one week later. If Cleveland could have as much zeal and energy displayed in enforcing sanitation as is exercised in vaccinating the inhabitants, it is more than probable that the result would be as satisfactory as it has been in Leicester, where it has been applied unceasingly for 20 years, and there has been no occasion to go back to the practice of a venerable superstition. It is a universally observed fact that where there is most vaccination there you will find most smallpox. This is evident in our sister state, Massachusetts, where, according to law, everyone is supposed to have been inoculated; but it has had no apparent effect in checking the scourge.—*Physical Culture*.

The Bulletin of the Iowa State Board of Health is responsible for this:

The following is the vaccination creed of the Chicago Health Department. The *Bulletin* heartily subscribes to it:

We, the undersigned, hereby publicly profess our firm belief—based on positive knowledge, gained through years of personal experience and study of smallpox and vaccination:

First. That true vaccination—repeated until it no longer “takes”—always prevents smallpox. *Nothing else does.*

Second. That true Vaccination—that is, vaccination properly done on a *Clean* arm with *Pure* lymph and kept perfectly *Clean* and *Unbroken* afterwards—never did and *Never will* make a serious sore.

Third. That such a Vaccination leaves a characteristic scar, unlike that from any other cause, which is recognizable during life and is the *Only* conclusive evidence of a Successful Vaccination.

Fourth. That no untoward results ever follow such Vaccination; on

the other hand, thousands of lives are annually sacrificed through its neglect—a neglect begotten of *Lack of Knowledge*.

ARTHUR R. REYNOLDS, M. D.,
Commissioner of Health,
CITY OF CHICAGO.

HEMAN SPALDING, M. D.,

Chief Medical Inspector, Department of Health.
December, 1901.

And after as complete vaccination as it is possible to enforce, the dreaded disease persists in coming to the front, with this result, in the same issue of the *Bulletin*

It is to be regretted that already there is a rapidly increasing number of reports of outbreaks of smallpox. In some places it is almost epidemic. It was to be hoped that the alarming and expensive experiences of the past would prompt and secure the adoption and enforcement of such measures as would prevent its spread in any community. The chief and only reliable preventive measure is successful vaccination, and to the extent that that is practiced just to that extent will the disease be controlled.

The *Philadelphia Medical Journal* Dec. 27th contains the following notice of the effects of, or results from free vaccination in France. It is not very encouraging.

Smallpox at Roubaix, France.—Not only has Lille had an epidemic of smallpox during the months of October and November, but many isolated cases have appeared at Roubaix, and the condition is fast becoming epidemic. Free vaccination has not given satisfactory results in either city and a medical committee has been appointed by the municipality to decide upon stringent measures to overcome the epidemic in Roubaix. In Lille as many as 133 new cases with 38 deaths, have occurred in one week. Outside of gratuitous vaccination, nothing has been done in Lille to overcome the epidemic.

And now comes "the mule story" from Arkansas. The firm of J. F. Cheers & Sons, of Winchester, Ark., sued the Mann Drug Co., of Pine Bluff, Ark., for the value of eight mules, over \$800, which they claim died after being vaccinated with pure vaccine points sold them through the Drug Co., by Parke, Davis & Co., of Detroit. The plea was made that Parke, Davis & Co., claimed to be able to prevent Charbon by vaccination—true anthrax or malignant pustule—for which the mules were treated with such fatal re-

sults. The jury returned a verdict for the plaintiffs for \$512.50. Mr. E. Lawrence, the traveling agent, and C. M. Woodruff, a stockholder and prominent member of the Detroit bar, represented Parke, Davis & Co. Several medical experts and noted veterinarians were on the stand as witnesses. If the pure vaccine virus of one of the best and most careful manufacturers in the country plays such havoc with a herd of mules, is it any wonder that sensitive, scrofulous or tuberculous children often die, or never recover, from vaccination. Yet few owners of live stock would subject their animals to the same risks to which our children must submit, that they may attend the "free schools" of America.

ONCE MORE THE SIMILAR.

BY CHARLES T. CUTTING. M. D., Newtonville, Mass.

On Oct. 1st I delivered Mrs. C. of a ten pound male child, after a very painful and protracted labor, no instruments having been used. It became evident at once that I had a severe case of asphyxia neonatorum to deal with, for the child refused to breathe and the color was almost that of a negro. I resorted to the usual means of resuscitation, and at last was rewarded by a gasp now and then.

After half an hour respirations became more frequent, but extremely labored, the color did not change, and after making sure that there was no mechanical obstruction in the respiratory tract, at least none that could be reached, I placed him in bed, on the right side, gave him oxygen, and applied heat. Up to this time there had been no outcry, such as the fond mother always listens for. The body remained cold, particularly the extremities, color remained the same. With the stethoscope I could detect no heart murmurs, but the efforts at respiration were still irregular, and were wonderful to witness. Instead of the usual expansion and contraction of the chest, there were wave-like motions, in which the sternal bones, manubrium, gladiolus, and en-

siform took part in a most curious manner. In fact, there seemed to be very little union between them. But as the child did not seem to grow any worse, I decided to watch him awhile before prescribing. During the following hour, I observed these symptoms:

Color; a dark blue from head to foot > when lying on left side or back.

Body cold to touch.

Breathing became more difficult, and child wriggled and squirmed when nurse tried to pin clothes round neck, > by loosening all clothing on neck and chest.

Position of head made no difference in condition of child.

Heart beating violently, and with peculiar motions of chest, shaking whole body.

On putting child to breast, all breathing stopped (for several days was fed with medicine dropper.) On closing either mouth or nose, respirations ceased.

Temperature, 102° per rectum.

I gave him one dose of Lachesis, 1 m. dry on tongue, and by next day color was somewhat better, and respirations easier, but temperature remained the same. The following day all symptoms were markedly worse, and the prognosis seemed graver than ever. But as there had been some improvement after the first dose, I repeated it in the same potency. The result was very gratifying. Twelve hours after the remedy was given, the temperature began to drop, the irregular motions of the chest ceased, the color changed to a good healthy red, and the child was able to nurse for a few minutes at a time. The improvement continued, and he is now perfectly well, having had no return of the old symptoms.

I do not consider this a case where the foramen ovale remained open, nor do I know the cause of the temperature, or the deficient oxidation of the blood. Enough that Lachesis was the indicated remedy, and cured, as only the similar will cure.



HORACE P. HOLMES, Dietz, Wy.

EDITORIAL.

All Contributions, Exchanges. Books for Review and other communications should be addressed to the Editor, 5142 Washington Ave. who is responsible for the dignity and courtesy of the magazine, but not for the opinions of contributors.

QUINSY: HOW NOT TO TREAT IT.

Abernethy is credited with the observation, and whether the credit is correct or not the observation is none the less true, that: "It is due to our ignorance alone that there is any necessity for instruments in the cure of disease." Hahnemann reinforces this sage remark of a veteran observer by a practical truism, that all diseases that do not come within the province of manual surgery, may, and must be, cured by the similar homeopathic remedy. To what desperate therapeutic straits our allopathic colleagues have arrived, what paucity of curative measures in such a disease as suppurative tonsillitis the following honest confession will prove. And yet many other affections, whooping cough for instance, is pronounced incurable; it may sometimes be modified but as a rule "Must run its course;" while under good, single remedy prescribing every homeopathic physician will cure it in a week or two at most, or so modify its distressing symptoms that it will be little more than an ordinary cough. If ever an honest confession is good for the confessee and the profession for which he speaks, the following is a case in point.

A PLEA FOR THE EARLY OPERATIVE TREATMENT OF QUINSY (PERITONSILLAR ABSCESS.)

By J. PARK WEST, M. D., Bellaire, Ohio,

There are very few diseases in which the practitioner can afford his patient greater relief or shorten the period of his suffering more, than by an early successful incision of a peritonsillar abscess. It is not too much to say that a careful physician, especially after a little experience in this line, will be able to thus afford relief to 50 per cent. of his quinsy patients. It must be acknowledged by all who have looked into this

subject carefully that we have no medicinal treatment for this painful affection. Aconite will not reduce the inflammation when it has once begun, and very seldom will it abort it. The writer has had patients who suffer with recurrent attacks; carry with them Aconitin (others the tincture of Aconite) so that they might begin treatment at the first symptoms of the trouble, and in only a very few instances has it been successful. Medicinal agents do very little for the acute suffering. Solutions of cocaine may give slight temporary relief; often the patient wearies of the application and prefers to endure the pain. The coal-tar group is ineffective. Opiates are dangerous owing to the likelihood of their causing edema of the glottis. Gargles are painful, and hot applications are of doubtful utility. Of all the remedies recommended it can be safely said that no one, nor combination, will shorten or alleviate an attack of quinsy.—*Cleveland Medical Journal*.

We respectfully refer the above to Professor Quine for explanation.

When a graduate of one of the best colleges in Ohio, after twenty years' experience, can honestly affirm: "That we have no medicinal treatment for this painful affection. Aconite will not relieve the inflammation when it has once begun and very seldom will it abort it." Of course Aconite can neither relieve nor abort it. It has not a symptom of Aconite about its cause or effect. "Of all the remedies recommended it can be safely said that no one, nor combination, will shorten or alleviate an attack of quinsy." And the same may be said of pertussis and many other acute diseases under the scientific (?) treatment of the dominant school. Is it a matter of astonishment that many honest men seeking after some method of treatment that bids fair to meet such emergencies as this should investigate the law of similars, which under the curative action of its tested remedies quinsy may not only be aborted but by constitutional treatment its "recurrent attacks" can be prevented and the tendency eradicated.

THE GREAT SECRET.

In every department of life law is supreme. Break one of these laws and the penalty falls upon you, just as certainly as day and night follow each other. Whether the law be physical, mental, spiritual, intellectual, moral or financial, the result is the same. Nature's laws—

God's laws—never change. * * * Natural law operates unerringly and inflexibly. If you strike a musical instrument without regard to the laws of sound, you evoke a horrible discord. * * * The great secret of life, then, for every man is to know these laws which govern the harmonious operation of all Nature's processes, and work in unison with them.—*Medical Brief.*

"If law is supreme in every department of life," why does not our esteemed contemporary investigate the law of similars which rules supreme in the medical world? The law of natural selection in chemical affinity or the law of gravitation in astronomy, is no more certain, unerring, universal or practical than the law of similia in therapeutics. Natural law in the spiritual world as given by Drummond is no less real or true than natural law in the medical world as formulated by Hahnemann. "Nature's laws—God's laws—never change." They are just as true, as practical and unchangeable in therapeutics as in any department of life or of human effort. If you strike a human organism—a living vitality—without reference to natural law, you evoke not only "a horrible discord," but a deranged and weakened vital force that may seriously threaten or even destroy life. Note the effects on a nervous organization of indiscriminate drugging without law, "which governs the harmonious operation of all nature's processes." What prevents our contemporary and his colleagues from investigating Natural Law in the Medical World? Why not put Similia Similibus Curantur to a practical test and publish its failures to the world? "The great secret", for every medical man is to know the laws which govern therapeutics, and then work in unison with them. Then and not til then will medicine, like astronomy, chemistry and mathematics become a science.

COMPULSORY MEDICINE.

Whither are we drifting either as a distinctive school of medicine, or as a part of the medical profession, is a serious question which we must face, if we cannot answer. Gradually but certainly we are forsaking the principles bequeathed us by Hahnemann and adopting the therapeutics

and palliatives of the dominant school, the chief boast of which has always been that medicine as a practice is without law and devoid of principles. Viewed from this empirical standpoint the outlook is far from promising, the prognosis is not doubtful and the outcome—compulsory medicine—not very distant.

Compulsory vaccination in which so many homeopaths seem to helplessly acquiesce is rapidly gaining ground, if it be not practically here, in the almost unanimous action of the school boards. Once granted it becomes the entering wedge of compulsory medicine. Accept the dogma of the schools in one vital point and resistance becomes more difficult in the future. Because our colleagues of other schools know no other preventive measures for curtailing the spread of small pox than by using the so-called vaccine virus—a process which lowers the vitality and thus lessens the resisting power of the patient—is no reason why the homeopath should abandon his law of cure and employ the ancient rite. The law of similars is just as effective in variola as in scarlatina or pertussis. Each epidemic differs from its predecessor and calls for its corresponding similar both prophylactic and curative.

If there be any justice or reason in compulsory vaccination there certainly is far more in compulsory antitoxin as a treatment for diphtheria, if we may judge from the comparative improvement in their mortality before and since its introduction. And what will be said if a school board in its medical wisdom should decree that no child can attend school unless rendered immune by antitoxin? And why not compulsory antitoxin if compulsory vaccination? Yet the fact remains undisputed that it has never, *in a single instance*, been proved, that the serum without the preservatives carbolic acid or trikresol has any effect whatever in diphtheria. Consult the pathogenesis of Carbolic acid and it will be readily seen where the curative powers of antitoxin exist. For those of our school who do not study their *materia medica* and never pretend to individualize their cases, it might make little difference. But it is a purely empirica

practice; treats every case of diphtheria, whether mild or malignant, with the same remedy; is a passing fad as practiced at present and has seen its best day; and it robs the Hahnemannian of his birthright, the strict individualization of every case. But it may be made compulsory.

Judged from the standpoint of empirical medicine, serum therapy in all its forms may have some advantage over previous therapeutic measures, but should scarcely be made compulsory. The time has not arrived for the school board, the board of health, or any other board to dictate compulsory terms.

Melilotus.—During an attack of typhoid fever a young lady suffered with profuse epistaxis. One attack followed another, once, sometimes twice in twenty-four hours, until I became alarmed on account of the great loss of blood. The attacks occurred mostly at night. She had been subject to frequent attacks of nose-bleeding since childhood, from the time she was injured in the nasal passage by a button she pushed up her nose, and which a "regular" claimed, after much violence, to have pushed down her throat, but which in reality remained in her nose a long time—several months—when it was finally ejected in a sneezing or coughing fit. Two years before the fever I carried her through a very severe attack of diphtheria, which was also attended by severe nose-bleed, also occurring at night, the blood hanging in clots from the nose, like icicles. *Mercurius sol.* 30 then stopped it very nicely. Now the blood clotted some but not so readily. *Mercurius* did no good. Every attack was preceded by the most intense redness and flushing of the face and throbbing of carotids I ever saw. The nose-bleed would invariably follow, within a few hours, with apparent rush of blood to head and face. *Belladonna* would not help, nor *Erigeron*, which in Hering's Condensed has "congestion of the head, red face, nose-bleed and febrile action." *Melilotus* 30 relieved the nose-bleed and the attacks of rush of blood to the head promptly and beautifully, and the case progressed without further trouble or an untoward symptom to perfect recovery.

E. B. NASH.

CORRESPONDENCE.

EDITOR MEDICAL ADVANCE:—Your readers will, I hope, be interested in my recent change in location as my work may be of signal interest to that branch of Homeopathy known as Hahnemannian practice. I came here the first of July to take the position of resident physician and surgeon to the Sheridan Coal mines. I do not know if a similar position is held by a homeopathic physician, but if there is I should be pleased to extend a fraternal hand to him and exchange notes from time to time.

It will be my ambition to make this field an example of what can be done in medical lines conducted solely on the law of similars. It is an ideal opportunity to carry out a long cherished desire; to treat a community with the best homeopathic prescriptions I can make; to prevent as far as possible the objectionable practice of self-treatment by patent medicines, cathartics, etc., and to be untrammelled in my services to the patient through any financial impediment on his part. How well I shall succeed the readers of the MEDICAL ADVANCE will learn through occasional reports of my work.

As resident physician and surgeon I have charge of all the people here. Medical services and medicines are furnished, a regular assessment being levied for that purpose, hence the physician uses his own discretion as to services and supplies. I was told by well-meaning friends that I would have to swerve from my homeopathic ideas in a community like this, as I would have to deal out massive and nauseous doses in order to hold the respect of my patients. But I have not found it so thus far. Bartley Campbell said; "There is no caste in tears; there trickles salt in all." And so I believe there is no caste to which Homeopathy applies; the same warm blood courses in us all and the diseases of the human are equally amenable to the law of similars, whether the subject be a miner with a coal blackened face, or college professor.

Dietz is the mining "camp" of the Sheridan Coal mines, one of the richest and most extensive lignite coal fields in the world. Lying sixteen miles to the east of the rugged foothills of the Big Horn mountains, we have a magnificent view of that range for a distance of seventy-five miles, with Cloud Peak, the highest point, rearing his snow-clad, bifurcated shoulders apparently ten miles away, although it is a good forty miles as the eagle flies. A beautiful view is to be had from our hospital porch, and the eye never tires of the ever changing aspect of the Big Horn range. Our little town has a population of about 700 and there will be over 1000 when the fall season opens. It is a queer mixture of many nationalities, fifteen languages being spoken.

The above was written about the middle of July as a portion of a letter to the *ADVANCE* introductory of my work here, and I intended to follow it with monthly communications giving clinical experiences that might be of interest to its readers. But alas! you all know of that public highway said to be paved with good intentions. I did not finish the letter. I have now been here over five months. the busiest of my professional life, have had hundreds of clinical cases worth recording, have most thoroughly demonstrated that we do not have to go outside of Homeopathy in treating a mining camp, have diminished the call for cathartics and proprietary remedies at least seventy five per. cent., have seen our population increase to over 1000, and have proved that kind, courteous treatment of the people in a mining town is most thoroughly appreciated and wins the physician staunch, loyal friends.

The assessment of the hospital fee is compulsory, single men paying one dollar and married men, no matter how large the family, one dollar and a half monthly. This acts on many as an irritant. They feel they have a right to resort to any scheme to get their money's worth. Many stories are told of the people unnecessarily procuring the hospital supplies only to make an improper use of them. Castor would be used on boots and harness, turpentine on insect colonies, cough syrup taken by the children because it equalled

11074

emollient, while pills and tablets were carried away in quantities and then thrown in the back yard. One family of eight made such frequent calls for epsom salts that it threatened to bankrupt the physic department. To counteract this I sent out single doses and found out eventually that a daughter, a would-be belle of the community, was using the drug as a complexion beautifier. This demand for cathartics has been nearly overcome by friendly advice and the offer to so treat these constipations that future laxatives would be unnecessary. The constant requests for medicines to fill home-made prescriptions has been practically overcome by urging the people to allow the physician to carefully treat their cases. To impress these people with the idea that hospital department is a friend and not a robber, and that they can have the best attention of an experienced physician in every condition of ill health, will soon lead them to follow along intelligent lines in this department. Today almost every one comes to me for a prescription instead of attempting to treat himself, and that is the desideratum in making a record for Homeopathy in a field like this.

I will report my first important case here and hope to follow it from month to month with others that will be typical of good homeopathic practice.

The superintendent's ten year old son, while visiting in Pennsylvania, was taken with scarlatina March 15th and remained in bed for eight weeks. Interstitial nephritis followed the scarlatina in a very serious form. There were large dropsical swellings under the eyes and the scrotum was enormously distended. It was evidently a beautiful case for *Apis mellifica*, but as the patient was under the "regular" treatment he did not get it. He arrived here the last of June still suffering from traces of nephritis.

On the 4th of July, the patient put in a very fatiguing day at Sheridan, enjoying a local Wild West program and came home thoroughly exhausted. I was called the afternoon of July 5th and found a very serious case for a new doctor to undertake. There was a right lobar pneumonia, a very irritating, and hacking cough with hæmoptysis, urine loaded

with albumen and blood until it was the color of port wine and with a very heavy deposit of blood covering the bottom of the vessel, temperature 104½ and pulse 166.

To undertake such a case in the absence of our superintendent when I had been but five days in the place was certainly an experience I did not relish. My faith in the superiority of our homeopathic remedies gave me every confidence of winning, and I can most heartily compliment the superintendent and his wife in allowing me absolute control of the case. Under Bryonia, Phosphorus and Kali carbonica the pneumonia subsided promptly. The hematuria and albuminuria persisted and there was one of the most troublesome, irritating, hacking coughs that I ever met with. The cough was epidemic and was as severe as a typical case of whooping cough.

On the 13th of July our U. S. Post surgeon from Fort McKenney made a friendly call on the family, carefully examined the patient and told me with his many characteristic swear words, unfortunately within hearing of the mother, that the boy would die. I demurred from the eminent authority as the patient had already made a notable gain. The pneumonia had cleared up and I had unbounded confidence in our remedies for hematuria, the symptom which so scared the good doctor, Terebinth and Apis were the sheet anchors and occasionally a change to Phosphorus did the work. Three weeks later our little patient was up and about and took great pride in taking me for a ride behind his little black pony.

Blessed be the memory of that grand old master, Samuel Hahnemann, for without his guidance and the teachings of the later masters of our school, I believe my patient would today be resting in eternal sleep.

HORACE P. HOLMES, M. D.

OWATONNA, Minn., Feb. 4, 1903.

EDITOR MEDICAL ADVANCE.—While I think many of your teachings are ideal, but few of them can be realized in this part of the country. I cannot agree with any one who thinks Hahnemann was, or is, a God; and who thinks that only the things that that venerable and wise teacher taught are true today. You seem to believe that if the Organon says so, it is so; and if you cannot find it in the Organon it is not so; you

do not believe in progress. All this appears to me to be ridiculous. Any man as progressive as Hahnemann was—being at least a century in advance of his time—would be progressive now if he were alive. Hahnemann promulgated truth, it is true; but he never came into possession of *all truth*. There are a few things, such as the germ theory of disease, modern surgery, prophylaxis of small pox by vaccination, treatment of diphtheria by antitoxin, the Roentgen rays, etc., that he never knew anything about. These things in the main you do not accept because not taught by Hahnemann, who, were he alive today, would be ready to accept truth, if it was truth, anywhere; and would know better than to try to make any one believe that he had cured an intractable and long standing case of chronic disease by a single dose of the cm. potency of any drug, when he knew that the cure had been made, not by the drug, but by Suggestion, pure and simple. Yours sincerely,

W. C. ROBERTS, M. D.

The foregoing objections to the teachings of the ADVANCE reminds us of the description of a crab which a class of amateur naturalists asked Cuvier to accept:

"A crab is a little red fish that walks backwards."

"Yes," Cuvier replied, "but it isn't little, it isn't red, it isn't a fish, and it doesn't walk backwards—otherwise your description is admirable."

Yet these doubts are honestly entertained by an earnest seeker after truth and we will endeavor to answer them seriatim; for we deeply sympathize with and keenly appreciate his position, of doubt and incredulity, for we have traveled the same thorny pathway, and like him, we once thought we knew more of Homeopathy than Hahnemann.

First. Hahnemannian Homeopathy is just as potent, just as curative in Minnesota as in Illinois and New York. The dynamic remedy has done brilliant work irrespective of latitude or longitude, of the habits or surroundings of the patient, in the deadly epidemics of Asiatic cholera or the bubonic plague on the banks of the Ganges, or the malarial, yellow or black-water fevers of the tropics; and irrespective too of the belief or unbelief, the faith or want of faith of both patient and physician. And further, the Homeopathy taught by the ADVANCE has been "realized" in daily practice within 100 miles of Owatonna. Hence it must be the doctor, not the science or art that is at fault, for similia is founded on natural law as uniform and unchangeable in ac-

tion as gravitation or chemical affinity. Try it and publish the failures.

Second. The ADVANCE has never held that "Hahnemann was, or is, a God." He was an accurate observer, a diligent investigator, a deep thinker, an indefatigable worker, the medical genius of the centuries in which he lived; and, in his case, genius was only a synonym for hard work. The pathogeneses of the materia medica and the science and art of therapeutics which he gave us one hundred years ago are as true and as applicable to all forms of disease today as they were then. Hahnemann was an honest man.

We firmly believe in the principles of the Organon. They are as true today as when the last edition was published in 1835, and this can be said of no other work on therapeutics that ever was written.

Third. The Organon is the embodiment of therapeutic art. If its author were alive today he without doubt would be found in the vanguard of medical progress, and his caustic pen would be as ready to prick the bubbles of empiricism in any school of medicine as when he wrote "Esculapius in the Balance," "Nota Bene for my Reviewers," and many other papers in his "Lesser Writings." Even some of our professed homeopaths might feel the lash.

Fourth. As a handmaid to therapeutics we bid clean modern surgical methods God speed in its mission just as Hahnemann did 75 years ago. But we do not accept the indiscriminate removal of organs in order to correct their functions; we would relegate surgery to its legitimate field. See Organon.

Fifth. We do not accept "prophylaxis of small pox by vaccination," because it is unscientific, monoprophyllactic and violates the first principles of similia; it robs us of individualization. No two patients and no two epidemics of small pox are alike. Because Allopathy uses Mercury in a general and indiscriminate way, and knows no other, must homeopaths cease to individualize the therapeutic use of Mercury or be compelled to use it in the crude doses of other schools. We would treat each epidemic of small pox

or scarlet fever on its merits, when we know what it is. This, in our opinion, is in the line of true medical "progress;" at least much nearer the line than the antiquated, unsuccessful methods of Jenner which he obtained from the dairy maids and stable boys 100 years ago. When we use the similimum we know what we are using; but no man knows what "pure vaccine virus" is or what it will do on a healthy child.

Sixth. The "treatment of diphtheria by antitoxin" has the same objection; it robs us of the key-stone of our therapeutic arch, individualization. Would or could any Hahnemannian treat every case of diphtheria with Belladonna, Lachesis, Mercury or any other remedy and call it a specific for diphtheria? Besides it is a compound; no one can tell whether the serum, or the preservative cures, for not in a single instance has the pure serum been applied in diphtheria. Why should the homeopath abandon his law, science and art, for a passing fad of Allopathy which is even now being condemned and abandoned by its advanced thinkers and best practitioners.

Seventh. The Roentgen ray is a valuable diagnostic agent, but worse than useless in therapeutics. Hahnemann would use it for diagnosis as he did the stethoscope in case of Mr. John B. Young when he made a more exhaustive examination than Sir Andrew Clark (see Dec. ADVANCE, p. 524). But he condemns it in therapeutics. (Organon § 205). To these we object, because they are not truths; simply passing fads of empiricism.

Eighth. We respectfully suggest that Dr. Roberts try "Suggestion pure and simple" on a "long standing case of chronic disease" and then on the same or a similar case use a single dose of the 1m or cm potency of the similimum and publish the result. Dr. Quine the allopath, offers the same objections to Homeopathy that Dr. Roberts the homeopath does, though neither has ever put the science and art of similia as expounded by Hahnemann to the test of practical experience. We stand by Hahnemann and the Organon. It is still 100 years in advance of Drs. Quine and Roberts in the scientific cure of the sick, to whom we repeat the challenge; test the practice and publish the failures. Our columns are at your service gentleman.

NEW PUBLICATIONS.

STEPPING STONES TO NEUROLOGY. A Manuel for the Student and General Practitioner. By E. R. McIntyer, B. S., M. D., Professor of Neurology in the Hering-Dunham Medical College. Boericke & Tafel. Philadelphia and Chicago. Pp. 205; Cloth, \$1.25 net. 1903.

If there is a class of diseases that need to be simplified and condensed, either for the student or general practitioner, it is preeminently the diseases of the brain and nervous system. And in this small manual the author has accomplished this most difficult task of a practical condensation of an abstruse subject. The work is a brief sketch, a stepping stone of nervous diseases most commonly met in general practice. The author has succeeded in giving a picture sufficiently clear to enable the student to recognize it and then in a concise manner indicates the Varieties, Etiology, Morbid Anatomy, Symptoms, Diagnosis, Prognosis and treatment—general and remedial—the indications for the latter being very clear. The section on “Reflex Irritations” is almost worth the cost of the volume. In these few pages the reader will find some sound advice on hobby riding, that he may remember with profit. We heartily commend the little book.

TRANSACTIONS OF THE HOMEOPATHIC MEDICAL SOCIETY OF NEW YORK. Vol. 37. 1902. Edited by the Secretary DeWitt G. Wilcox M. D. Buffalo.

This is a well printed volume and contains many good papers in every department of medicine. The following definition is on the first page: “A Homeopathic physician is one who adds to his knowledge of medicine a special knowledge of homeopathic therapeutics. All that pertains to the great field of medical learning is his by tradition, by inheritance, by right.” Why not cut this “Gordian Knot” by simply saying that: “A homeopathic physician is one who practices Homeopathy according to the principles enunciated by Hahnemann in the Organon,”

URICACIDÆMIA: ITS CAUSES, EFFECTS AND TREATMENT.
By Perry Dickins, M D. Boericke & Tafel: Philadelphia. Pp. 148; Cloth, \$1.00 net. 1903.

In the Introduction the author refers in caustic terms to some of the passing, or passed, fads of the dominant school, as "Epochs" for the treatment of the sick. Patients were "Bilious" or had "Malaria" and now "the most important etiological factor is Uric Acid", which the author thinks established on a firmer base

The treatment is crude, because directed chiefly to the pathology, the disease as diagnosed, and overlooking the patient. It is also in bad taste for an author to attempt to dictate the potency which he considers best. There is no reason why I should use Sulphur 6x Phosphorus 3x or Natrum Mur. 12c because that is the author's experience. I may want to use Natrum 6x or Sulphur 3x because these potencies coincide with my experience.

VACCINATION: A BLUNDER IN POISONS. By C. F. Nichols, M. D. Boston. Second Edition. Pp. 70, 1902.

A recent letter from an esteemed colleague asks some questions which are best answered by the author of this book: "Our city is in the midst of an epidemic of small-pox the first I have known in my practice. I have thought I was an anti-vaccinationist, but I hardly know the ground for my belief. Does vaccination prevent smallpox? If not does it modify the disease when recently performed? How long does it last? Is there any single homeopathic remedy that will bring immunity?"

We quote from the book:

"A leader of present thought and an investigator whose subtle honesty is recognized. A. R. Wallace, thus prefaces "The Wonderful Century": "Vaccination will undoubtedly rank as the greatest and most pernicious failure of the century; this conclusion is no longer a matter of opinion. but of science."

"The most recent national health reports are from our own army. The report of the Surgeon General of the U. S Army, up to June, 1901, records for the year 246 cases of

smallpox, with 113 deaths, a mortality of about 46 per cent! During the three years preceding this report, there were among the recently successfully vaccinated 705 cases of smallpox with 220 deaths.

Yet every enlisting soldier is vaccinated at the time of being recruited, and revaccinated, not only on entering the U. S. army, but also as often after as seems advisable to the army authorities."

Vaccination was made compulsory in England in 1853, again in 1867, and more rigid in 1871. Since 1853 we have had three smallpox epidemics:

1st. 1857-59, deaths from smallpox 14,244.

2nd. 1863-65, " " " 20,059.

3rd. 1870-72 " " " 44,840.

Increase of population from 1st to 2nd epidemic, 7 per cent.

Increase of smallpox in same period nearly 50 per cent.

Increase of population from 2nd to 3rd epidemic, 10 per cent.

Increase of smallpox in same period 120 per cent.

Smallpox deaths first ten years of enforced vaccination (1854 to 1863) 33,515.

Smallpox deaths the second ten years, 70,459.

NEWS NOTES AND ITEMS.

Dr. J. H. Galliger is senator from New Hampshire instead of Vermont as stated in our January editorial.

A Good Location for a homeopath is at Rock Creek, Ohio. For information address Dr. F. A. Morrison, Uriahsville, O.

For Sale.—The residence, library, practice and entire medical outfit of the late Dr. Lowe, of Milford, N. J. For particulars address Mr. Jackson Lowe.

Dr. H. L. Aldrich (Hering, 1901) has passed the State Board of Connecticut, and is now in active practice in Waterbury, Conn. Drs. Morgan & Aldrich is the firm name.

The Missouri Institute of Homeopathy will hold its next meeting in Kansas City, April 21, 22 and 23, and many good papers and a large attendance may be expected if we may judge from the last meeting.

Dr. Rose de la Hautiere, of San Francisco writes: "Accept my congratulations. May the Hering-Dunham be the crowning glory of this new century, the pride of her sons and daughters, a magnet for those desiring the welfare of suffering humanity."

The New York Homeopathic Medical College and Hospital holds a Practitioner's Course from April 27th to May 16th. See advertisement. For particulars and clinic schedule address the secretary Ceo. W. Roberts, M. D., 170 W. 59th street, New York.

Dr. John N. Lowe, of Milford, N. J., died Jan. 5th, aged 78 years. He graduated from the medical department University of New York in 1862, practiced Allopathy for six years at Titusville, N. J., when he investigated and adopted Homeopathy, removing to Milford in 1870, where he has since resided. He was an enthusiastic follower of Hahnemann, and in his death New Jersey loses one of its ablest men.

The weak, empty, gone feeling in the stomach about eleven o'clock, which is so well known an indication for Surphur should be *peculiar* to be of value as a suggestion for that remedy. For instance if the patient is taking ordinary diet in the usual quantity and yet has this symptom he will doubtless be found to possess other indications for the remedy named; but if the goneness is the result of a natural craving on account of a too scant breakfast, for which there has been no relish, a tablespoonful of Perfection Liquid Food should be advised.

"Will Stand Without Hitching" is the compliment paid to a recent graduate of Hering College. He is true to his principles as a man and as a homeopath. One of our veteran Hahnemannians writes: "I like Dr. ——— very much. He is going to make a successful practitioner. There is little of the sky-rocket tendency about him, but what is better, he is a man whose sterling qualities will secure stability in his recognition by the public. He is one of those homeopaths I think that 'will stand without hitching.'" Alma mater is proud of such men, and there are many of them who will be heard from in the near future.

Subscriber who Pays in Advance.—The following marked "stolen" is published in a Missouri paper: "How dear to my heart is the steady subscriber, who pays in advance at the birth of the year; who lays down his money, and does it quite gladly, and casts round the office a halo of cheer. He never says 'Stop it, I cannot afford it,' nor 'I'm getting more papers than now I can read,' but always says 'Send it, the family likes it; in fact we all think it a family need.' How welcome he is when he steps in the sanctum, how he makes our hearts throb, how he makes our hearts dance. We outwardly thank him, we inwardly bless him, the steady subscriber who pays in advance."

THE MEDICAL ADVANCE

VOL. XLI.

CHICAGO, MARCH, 1903.

NUMBER 3

PROCEEDINGS OF THE CENTRAL NEW YORK HOMEOPATHIC SOCIETY.

ST. CLOUD, SYRACUSE, March, 13, 1902.

The quarterly session of the Central New York Homeopathic Medical Society was called to order by the president Dr. E. P. Hussey, at 11:50 A. M.

Members present: Dr's. Alliaume, Bresee, Follet, Hoyt, Howland, Keese, Leggett, Nickelson.

Visitors present: Dr's Gustafson, Irish, Irons, Keeler.

The minutes of the December meeting were read and approved.

There was no report from the board of Censors.

The Organon § V was read by Dr. Keese.

Dr. Leggett presenting the following thoughts upon §§ IV and V.

ORGANON § V.

Harking back to § IV, I would say, as did my dear old preceptor, Dr. Hawley, "nonsense." It is rare that a "physician knows all the objects that disturb and keep up disease," therefore how can he remove them?

That it is the physician's duty to do all that is possible to prevent disease, and remove causes of disease when they are known, and when he can(!), is true. But when there are thousands of causes, discovered and undiscovered, not the least of which are the efforts at their removal by suppression, by fads, by the inoculations of disease products, or of animal products, etc., etc., how can he so protect the healthy? Again, when causes depend upon self-indulgence of the patient how control or remove? Again, when causes

depend upon the effects of grief, or sorrow, caused by the wrong living of a near and dear life, how can it be removed? Still deeper and further reaching are the sins and faults of heritage, where the progenitors have broken the laws of health, wittingly or unwittingly, through debauchery, or suppression of the natural development of disease. How remove such a cause?

Decidedly, Homeopathy has the power above all other methods of relieving the oppressed system, and influencing the growth of the smallest germ of health toward generation of strength and physical well being, but can it be said that the degenerative tendency can be wiped out in one life? How much can be done, what great changes can be made for good, none know so well as the strict homeopathician; but alas, he knows, also, that there are no cases so difficult of management as those due to the selfish instincts of his patients.

In § V. of the Organon, due to-day, Hahnemann sets himself straight by stating that the physician should avail himself of the "*probable* origin of the acute, and the most significant points in the history of the chronic, that he may solve the "*fundamental cause*" due to miasmatic influence. By this statement he seems to include not only the history of the various groups of symptoms called disease, that have occurred during the patient's life, but the history of the lives of the preceding generations, and especially of the causes of death, or complaints through life. Generally, from this history it is possible for the physician to judge closely, by the sickness and manner of life, detailed by the patient, the miasm, or group of miasms, which it is necessary to combat.

A study of the manner and habits of the patient's life shows the exciting cause of the disturbance presented. Lacking evidence in this direction it is wise to seek for evidence in the self principle which lies behind some sicknesses, to learn whether disappointed ambitions, crossed purposes, etc., enter into the cause of irritation. It is to be seen that one must be wise beyond the knowledge of

men, to understand all, or find all, causes that work together to disturb the health of his kind.

One may change the disposition and morals of a man toward health, as well as toward sickness, and the homeopathically indicated remedy is most powerful in so doing. If I have not before told the tale, I should like to relate an instance of the kind which occurred during my college days.

Miss W., came to me desiring to be cured of certain symptoms, the most prominent of which was constipation. I took her case carefully, found a "stack" of symptoms. It was one of my earliest efforts at working out a case from the repertory, and I covered a large table in my room with papers, and decided upon Sulphur.

Well, the patient had been very religious; going to prayer meeting at mid-week, three times to church on Sunday, would not look at a Sunday paper, play a game of cards, dance, or go to a theater. She received a dose of Sulphur cm. grew better generally and of her constipation, before I left in the Spring. She received one or two more doses from Doctor K. during my absence. In the Autumn, on my return to College, what was my surprise to learn that she could dance, play cards, go to the theater, and, as she avowed, "did not think herself wicked, either."

What did it show? That it was a morbid state of mind in which self-esteem, or laudation of self, had led the patient to think that she was better than others because of her religious practices.

This was once told to a clergyman friend who said it rather savored to him of Sulphur fumes.

The age, disposition, and social relations have much to do with the health of the patient, and are to be studied with care.

If the occupation causes sickness, and its continuation is a necessity, the patient will need the assistance of the homeopathic remedy, frequently. It is sometimes impossible for a man to change an occupation that injures him, because of the dependence of others upon his exertions.

One must then do the best possible to tide him over until the end.

Sicknesses brought about through sexual indulgence are much more difficult of control than others, and need the assistance of the patient. The cases due to continence, we less often know! in fact the patients less often know, and are little likely to be cured, except by the added interest furnished by full and continued occupation, so absorbing as to take the mind in a new direction.

Hahnemann says well when he bids the physician to take into consideration "the apparent" state of the patient. It is so seldom that the physicians can do more. If he could always see the entire case, the influence of environment, of heritage, of self-indulgence, how much more easily and quickly could he guide his patient to safety, how much more satisfactory would be his work.

S. L. GUILD-LEGGETT.

The subject being open for discussion, Dr. Nickelson remarked: "The truth, the whole truth and nothing but the truth."

Dr. Hussey had found the last part of § V. relating to the constitution, disposition and mental states of patients, most valuable, indeed, indispensable, in the treatment of chronic disease and disease tendencies. He had seen the entire disposition changed by the use of remedies, indicated by their mental and moral conditions, such as Cham., Nux, Lyc., Sul. He had completely changed the disposition of children who were obstinate, ungovernable, incorrigible, and made of them reasonable beings.

Dr. Nickelson presented the following.

LYCOPODIUM CASE.

September, 25, 1890. I was called in consultation to see Miss K. aged 16 years, who had been suffering from menstrual insanity for a number of months.

I found her under the partial influence of Bromides, chloral, etc., unable to sleep and raving against her mother, of whom, in her lucid moments, she was very fond; screaming

and swearing, while before this, she was a great worker in the church and Sunday school.

Menses delayed, in fact never had been just normal. At first her changed condition would appear before the monthly flow, but at this stage would show itself about two days after the menses started, and the insanity would last about 10 days, with tympanitis so great, that the abdomen seemed full of gas, even to bursting. Each time this tympanitis would come before the derangement. She had been treated each month by the regular school, and had consulted a specialist who had recommended double ovariectomy. The father, a level headed farmer, said he "knew sufficient of the results of spaying cattle, and preferred to have a daughter three weeks in the month, to a fool all the time," so asked for other treatment. I gave no medicine as she was taking narcotics. After the attack had run itself out the father asked me for my prognosis. I was the first one to suggest treatment between the attacks, and to recommend that treatment should not be postponed until they appeared. Also, that narcotics should not be given.

On October 7th the case was given to me. Found the uterus in normal condition, ovaries normal except slightly congested, or enlarged, and gave Platina 30. The menses were not delayed, and on Oct. 16, gave Hyos. On the 18th Coff.; 19th, Plat. 30; 20th, Cham. 30 and Cham. 3. She was not as bad this time as before, and her parents were much encouraged.

October, 29th, Plat. 30. and Actea 3. Nov. 17th, Cham. and Passiflora. Nov. 19th, Cham. and Nat. 30. This was the second attack since I began treatment and there was not much improvement from the former attack.

Nov. 26th, I gave Lycopodium 30, and she never had another attack. At the next menstrual period she was slightly nervous, but no return of the tympanitis, nor of any insanity.

She took Lyc. and Sac. lac. from this to June, 1891, without any remedy except from Jan., 21-22, I gave her

Nat. mur. and Coff. which change I regreted as I certainly lost time.

The patient has been a healthy woman ever since that time. Is now the wife of a minister and the mother of a lovely little girl. Did Lyc. cause the cure in this case? I think it did. How, or why it did so I can not tell for a certainty, as I am uncertain whether the tympanitis caused the ovarian irritation, or was due to the ovarian irritation. Lyc. certainly caused a correct equilibrium of the sympathetic nervous system, and then there was no cause for the mental trouble; in fact it was the similimum.

Why did I choose Lycopodium? Partly because Dr. Seldon H. Talcott, of Middletown, suggested that I look up the remedy, and partly because I found these symptoms under the remedy.

Female sexual organs:

"Cutting across the hypogastrium, right to left.

Ovarian diseases.

Before the menses, sad, chilly, abdomen bloated.

Menses suppressed.

Delay of the first menses.

Mind: absent minded; imperious manner; colds; commands; vehement; angry; headstrong."

W. K. NICKELSON,

The subject of the paper being open for discussion. Dr. Howland remarked that she could not understand how so low a potency cured the case. She said she had been so thoroughly trained in the higher potencies, that she had used the low but twice and with unsatisfactory results.

Dr. Hoyt was interested in the case because of the effectiveness of low potencies. He was reminded of a tuberculosis, in which Lyc. 1m. an occasional dose, had been wonderfully effective. He believed that Lyc. was one of the most deeply acting remedies in the homeopathic materia medica when it was prescribed upon proper indications.

Dr. Gustafson was much interested in this case because Lyc. was the medicine whose action had called his attention to Homeopathy. As an old school physician he had tried to

find a remedy that would cure his sister of indigestion. He finally asked counsel of Dr. K., an old friend, in Chicago, and was told to take the books and study it out. He did so and gave his sister Lyc.3. and 10. three doses. She never had a return. He was led to Lyc. by the marked 4 P. M. <; later, when Pulsatilla cured his boy of ear-ache in two hours time, he began to think Homeopathy worth looking into, and to study.

Dr. Hussey thought it remarkable that substances so nearly inert in the crude, and in low potencies, should have such wonderful effect in the higher, when homeopathic to the disease. He had cured with Lyc. cases of consumption, of a pronounced catarrhal form, when apparently in the last stages with emaciation, stomach disorders etc.

Adjourned.

Called to order 2:30 P. M. Dr. Hoard in the chair.

Dr. Hussey gave:

THE TREATMENT OF RHEUMATISM, AND RHEUMATOID
CONDITIONS.

I had hoped to compare the various phases of these very prevalent diseases, with one another, and show the results of the homeopathic treatment of them, but had been dissatisfied with the two papers begun, and had thrown them aside concluding to give my experiences verbally.

The pathological history of these conditions had a full and abundant literature which was to be found in any well filled medical library; it therefore seemed unnecessary to bring a pathological discussion before a society already well understanding the conditions, and probably, far more interested in the results obtained by pure homeopathic treatment.

No disease is more difficult to reach, or more deeply seated than that condition called Rheumatoid Arthritis. Depending largely upon heritage and upon the mysterious processes of metabolism as a cause, any remedial measure that could cure the condition, must be admitted to be deep and far-reaching in its effects upon the life force. The

methods effectually brought to bear upon such conditions, were *individualization* by means of the totality of symptoms, as in all other cases of disease. Attention had been drawn to this condition by my own case, a markedly gouty diathesis, and by many other very serious cases, treated successfully by the homeopathic remedies.

A case of rheumatoid arthritis, suffered by an old lady for many years, under the care of an old school physician of good repute, was of great interest. The physician was an old friend, but differed from his patient in his religious belief, he being Episcopal, while she was a strong Universalist; this fact occasioned many discussions. At one time having suffered much without relief, and probably in reply to her query as to the efficacy of Homeopathy as practiced by Dr. Hussey, he told her, that if she could find anything that would help her "to take it;" so Dr. Hussey was called.

He found the joints of wrists, elbows, and hips of the patient greatly distorted, and with the swelling, redness and fever of an acute condition. This I soon relieved, then by careful prescribing had the satisfaction of seeing a reduction in size of all inflamed joints where swelling and exudation were present, with the exception of the true calcareous deposit. The patient grew so much better that she walked to my office, and it was two or three years before she experienced another attack. Before homeopathic treatment, she had been obliged to use crutches, which her former physician and friend had named her "Universalist wings." This friend, having leisure one day, called upon his one time patient who met him at the door. At his exclamation at her being so much improved, and inquiry as to what had become of her "Universalist wings," she replied, "Thanks to the good Lord and Dr. Hussey, I have laid them aside."

But for reasons easily understood, such as the stage of progress in the disease; complications through the "sympathic" involvement of the various organs; or a peculiarly complex heritage, he could not report such excellent results uniformly, but could report great benefit, almost invariably.

In acute inflammatory rheumatism the doctor had had the satisfaction of cure, with lessened tendency to the recurrence, usually the bane of any one once a subject of inflammatory rheumatism. He said that patients would always be found, who would "take something," or "rub something on," but in cases that could be treated without interference, very satisfactory results could always be obtained under the administration of remedies indicated in each case. I would like the experience of the physicians present as to the effectiveness of homeopathic treatment in their practice.

Dr. Howland spoke of an interesting case in her practice in which she had found

TWO KINDS OF RHEUMATISM.

October, 1896, I was asked to take the case of Mr. A., 64 years of age. He had been unable to do anything for two years. The case was diagnosed as tricuspid regurgitation, result of six attacks of rheumatism under allopathic treatment. The allopathic doctor said he would die. Told his wife that she must go with him everywhere. You will find him dead in the carriage, on the street, anywhere. He would get up in the morning with his face bloated and eyes blood shot.

I took the case on my way to Philadelphia, as I had not yet finished my college education, with the promise that I would prescribe after I had time to look it over, if I saw the remedy. I did not see the remedy and took it to Dr. Thatcher, who suggested Rhus. But I did not prescribe.

A year later I returned and found the man no worse, awaiting homeopathic treatment. As he was using euemas for the bowels, I put him upon water, had him drink a certain quantity a day with charming results. It removed the effete matter from his system. He then took cold working in a cellar, and on came the old-fashioned rheumatism.

The symptoms of the case were as follows:—Rheumatism in the knees, later hands, < beginning to move, better continued motion, but gets worse if walks much, > hot applications. sleep restless. I therefore, gave Rhus 50 m.

He was no better. The next day rheumatism extended to ankle and right shoulder. Pain better when quiet, but soon gets worse and has to change position. I thought of the cause exposure in the cellar and that led me to Dulcamara cm. He had an < that night and was delirious, thought there were two in bed (a symptom not under Dulc.) but was decidedly better the next morning. In three days and a half I dismissed the case.

Six weeks later there were some symptoms in the knees. I was called to make another prescription, and gave him another dose of Dulcamara. This seemed to cure the rheumatism, as upon examination there was no heart lesion. Some months afterward he took cold and rheumatism returned. I gave him Dulcamara the millionth, with no effect whatever.

Later Bryonia gave relief and was followed by Sulphur. My only reason for giving it was that the other remedies had failed to hold the case. He was kept upon Sulphur for some time with some >; but there seemed to be lurking in his system another rheumatism which did not yield readily even to Sulphur. By this time he was able to work and would go for months without medicine. Sulphur was given in cm. potency with no apparent relief. Then Lycopodium and later on Merc. Sol., with no results. After this, rheumatism came up again, this time Rhus. > the case and for a number of weeks he was quite free. Then the symptoms returned. Rhus was again given with no effect.

At this time he claimed to have taken cold by shovelling snow. Was in bed helpless, was given Bryonia 50 m. a doubtful prescription as the symptoms were not clear for any remedy, but there was a gradual improvement. Thinking the rheumatism might be due to a sycotic condition, of which I had some history, Medorrhinum was given, no effect. He began to grow worse and I again gave another dose of Bryonia 50 m. There was again a gradual improvement.

March 18, it began to return again. I then gave Sulphur 5 m. and on March 21st, there were no signs of

rheumatism, except in the knees on rising from sitting. The appetite returned. The patient improved, but not very strong.

This present rheumatism, with which I have still to deal, seems to be entirely different from that which Dulcamara removed, and of longer standing and deeper seated.

As Sulphur did not remove it before, I am a little in doubt as to its being able to do it at this time, and am awaiting results.

Dr. Nickelson, in acute cases of arthritis, found great relief from the use of thermal baths, adjuvant to the homeopathic remedies. He found these attacks to come when the secretions became clogged, without free elimination, and thought the thermal bath facilitated the excretions through the pores. He used heat, hot water, then a gradual reduction of temperature to 85°, and sometimes 75° F.

Dr. Howland was opposed to hot baths because of their power of antidoting the remedy. She cited a case of pyloric obstruction given up to die, which, under the action of Sulphur, the indicated remedy, was relieved of the pyloric condition, but developed an attack of rheumatism, (O. S.) in which condition the patient remained eight weeks, and then recovered. Dr. Howland was sure that if that patient had been given hot baths, the remedy would have been antidoted and driven it back upon the stomach, or other internal organs, and the patient would have been worse.

Dr. Howland had also had bitter experience in her own person, whereby she suffered six weeks, being, finally, almost collapsed from the effects of a vapor bath. She had there-by learned not to give vapor baths in chronic disease.

She quoted Hahnemann in "Chronic Diseases," pages 183, 139.

Dr. Hoard, who was unacquainted with quotation, asked if the < might not be from heat

Dr. Howland thought not.

Dr. Schwartz was much interested in the question of hot baths. For several years a resident of Japan, where it was the universal habit of the Japanese to take baths heated

from 120° to 140° F., he had finally adopted the habit. He found cold baths to < in that climate. He said that the reaction after the hot baths in himself was as marked as others found from cold. He said he should certainly take cold in water the temp. of the body. He admitted that while he was best from taking hot baths his wife was of the opposite temperament.

Dr. Hoard thought baths to be among the things to be adapted to the individual. He spoke of a case of rheumatism in a patient whose knee was contracted to a right angle, perfectly cured by Pulsatilla, to which remedy he was led by the symptom of "perspiration of the entire left half of the body," while the right was perfectly dry. He said that the only outward application he used in acute cases was a wrapping of dry cotton. He had observed that cases cured homoeopathically did not recur.]

Dr. Hussey saw reason for Dr. Nickelson's experience with patients for whom "something must be done," something they could see and feel. He had lived to see a large portion of modern inventions or discoveries corroborate Hahnemann's theories. He thought it possible to have confounded the < from heat with the < from bath, and the antitidal effects with either. The older homeopathic practitioners interdicted a great number of foods etc., as well as stimulants and tobacco. He had learned to prescribe the indicated remedy with excellent effect, to people literally soaked in these forbidden things, except when the patient was known to be sick because of such habit. He recalled a case of hay-fever in a patient whose occupation was in a Chemical Works, where he was surrounded by, and inhaling, various chemical compounds all day long, but in whom Sulphur and Cepa acted like a charm and prevented a recurrence of the trouble. He had only to prescribe once.

Dr. Keese on the subject of a rheumatism of "two kinds" in one system asked how one was to know and what to do. He said he was always irritated when a patient returned with a second attack of a trouble which should have been cured for good, or so it seemed, the first time. He recalled

a case in which the remedy which cured in the first attack had no action whatever in the second, and the remedy of the second, would do nothing whatever in the third. It had puzzled him greatly.

Dr. Hoard wished to bring up the question of diet, and asked what a rheumatic patient should eat. He wished to know the relation of diet to cause in rheumatic cases.

Dr. Hoyt asked if acute rheumatism once cured ever returned. He thought he had in his brief practice proved that it did return.

Dr. Howland reverted to the case before mentioned and her belief in the occupancy of the system by a chronic condition which had nothing to do with the acute condition to which she was called. The acute attack was expressed through a lesion of the heart, given up by the preceding old school physician as incurable, seen by Dr. B — — in consultation with herself. This lesion of the heart was perfectly cured, the patient remained well, and cut ice in the winter for three years. The late attack resembled it in no way. There was no fever, no heart symptoms; it seemed to be an expression of a chronic miasm, which she suspected to be sycotic.

Dr. Hoard replied to Dr. Hoyt's question that the kind of rheumatism cured without return, and formerly considered re-current, was inflammatory rheumatism, which was most likely to be due to the environment and circumstances, and not to be confounded with the acute exacerbations of a rheumatic diathesis.

Dr. Hussey acknowledged the impossibility of permanent cure in many chronic cases, undoubtedly due to rheumatic, or gouty, diathesis. He thought that in such types we might expect return, given the exiting cause. He considered the potency used of little moment so that it was correctly reported as suited to the individual case. He believed each physician had much the same experience, and had in some cases, to find a potency suited to the individual, while in others the potency chosen was the curative. He thought that we must recognize that the pioneer work in homeopathy

was done mostly, with low potencies. He usually began with a 200 and changed either up or down, if it proved inefficient.

Dr. Nickelson had had a peculiar experience with potencies, in two old ladies, suffering from dysenterry. In one he began with the 3 and reached the 200 before he relieved; in the other he began at the 200 and reached the 3 before he helped her.

Dr. Hoyt then reported some cases of

TYPHOID FEVER.

My practice this fall and winter has been peculiar, in that quite a series of typhoid cases have been under treatment, six in all. This brief paper is to emphasize three features which this series has brought to my attention.

First: The typical character of nearly all the cases.

Second: The potentized remedy is sometimes the most effective.

Third: The *low* potency and even the tincture is sometimes the most thoroughly curative.

The first proposition as to the typical character of the cases.

The characteristic dry tongue was seldom present. Constipation instead of diarrhoea was prevalent. The roseola spots appeared usually later than the seventh day.

The Widal reaction upon blood examination was positive in all cases but one. Notwithstanding this dearth of clinical symptoms the cases under treatment have been for the most part severe, temperature range reaching a maximum of 105—6°; pulse 150; respiration 45.° Delirium present in all cases but one.

Second: The potentized remedy the most effective. Patient a commercial traveler, 28 years old, athlete in college.

Came home Dec. 22nd. with prodromal typhoid symptoms. Put in hospital and had a moderate run of fever, temperature not going above 104°, pulse 95, and normal temperature on morning of 17th day; Bryonia being curative. Being left alone, he reached for the morning paper. Temperature immediately went up and kept rising until in five days it re-

ached 105—6°; pulse 150, very thready; involuntary stools and urination. Delirium of muttering incoherent character.

Hyoscyamus seemed indicated, but failed to control the fever, although it did modify the delirium.

The condition grew alarmingly worse, brain paralysis was present, very great tympany, and chest and abdomen covered with roseola spots; opisthotonus; eyes rolled back in head; cold sweat; no pulse obtainable; general and violent trembling; subsultus tendinum; involuntary discharges; cyanosis.

At this point, in desperation we were giving whiskey, in heavy doses, $\frac{1}{16}$ gr. strychnine every 3 hours, baths at temp. of 75°, every hour.

Death was very near, the hospital attendants and family having given up hope. Having watched and studied the case carefully, I told the father that I believed we had a remedy that would save his son. At 8:30 P. M. all other remedies and stimulants were discontinued and Zincum 30 was given every $\frac{1}{2}$ hour for six doses, then hourly. The record says that at 12:30 A. M. patient seemed better, turned over in bed and the trembling ceased. No further account need be given, except to say that patient rapidly convalesced and is now able to go out of doors, no sequelæ having appeared.

This is profoundly convincing that the potentized remedy cured.

Third; low potency and even the tincture is sometimes the most thoroughly curative.

Case of a young woman 30 years old, frail constitution, never acutely ill before. Cause of fever found to be a leak in the plumbing.

Typical symptoms present were the prodrome headache, temperature gradation, and delirium.

Baptisia was indicated by the mental symptom of being in two parts unable to collect herself.

Baptisia in the 30th. and then 200th. failed, but the tincture, one drachm to four ounces of water, a teaspoonful every two hours was curative.

Under the tincture the case rapidly progressed, the only

unfavorable symptom, great rapidity of the heart, pulse reaching 150, very weak and thready; no sound of heart, very weak, disappearing quite promptly. The temperature was normal on the 28th day.

These cases have enforced the idea that the homeopath is he who prescribes the similimum irrespective of potency.

(If irrespective of potency why did not the 30 and 200 act? L.)

The subject being opened for discussion, Dr. Nickelson said that he had never had a case of relapse in typhoid which was due to over feeding. He recalled a case of relapse in a boy of fifteen years brought on by his mother, who read to him daily for his entertainment. He recalled another in a young lady who was permitted to see her fiancé before he returned to college. He said in cases where the bowels were confined, in which case he did not worry, but the friends sometimes did, he discovered accidentally, that an enema of a pint of tepid water, thrown into the rectum, would relieve the patient of restlessness. The patient would turn on his side, sleep, and perspire. In that case it was four days before the patient, a boy of seventeen, had a stool. Since that experience he had often given relief to the nervous symptoms by a small enema, not sufficient to move the bowels at all, a small quantity thrown into the rectum.

Dr. Hoyt sometimes, in cases of constipation, permitted an enema the fourth day.

Dr. Hussey referring to Dr. Hoyt's experience with the potencies; thought the subject fully discussed before the paper was read, that the potency was to be fitted to the case. Dr. Schwartz then presented:

SOME CLINICAL CASES.

CASE I. Miss G. S. — A history of several attacks of rheumatism, sometimes laying her up several months. Chronic sore throat for which years ago, the tonsils had been cut out. The previous year, diphtheria, antitoxin treatment, since which she had had sore throat constantly and had been feeling "tired, sick and miserable all the time."

Always sleepy, could sleep 15 or 16 hours at a time.

Dreams about work, with people whom she knows. Appetite irregular, craves coffee, which always makes her sick.

Pain in back and right side, "rheumatism flies all over her." Can't sit still, but moving does not give relief, though she feels she must move to get in more comfortable position.

Headache, top and front of head and eyes. Dizzy, almost falls, fears falling, when at head of stairs, on edge of sidewalk. Bright spots before eyes, seem to fall from above downward. Everything looks yellow.

Teeth all right but all teeth and ear on left side ache, < by heat. Back of hand, top of foot and tongue itch and tingle.

Menstruation every two weeks, very profuse, bright red. Leucorrhœa in intervals, like white of egg.

Always cold. Likes to be alone. Always tired, dreads to start any work, don't care how things go, feels old, slight injuries do not easily heal. Has a slight cough. Can't hold things steadily, weak knees, weak about girdle. Pulse 80 per minute; feels better evenings. Has lost in weight. This had been her condition for several months when on Jan. 9th 1902 she came into my office.

From the one symptom, fear of falling when near the stairs, dreads downward motion etc., Borax was brought to mind, which I prescribed in 1m. four doses, half hour apart, and placebo three times a day.

Upon looking up Borax I found it covered several other symptoms. "Menses too frequent, too profuse, leucorrhœa like white of egg. Showers of bright spots before eyes, dizziness, indolent feeling, soreness of throat, restlessness, weakness, emaciation. Slight injuries suppurate. Appetite fickle, antidoted by coffee."

All this I learned afterward, and tho' it is not good prescribing to go by one set of symptoms, still that was what I did, and as fortune favored me, I don't think I could have done better, for Jan. 31th, more than three weeks later Miss G. S. came into the office, with springing step, as though full of life and vigor, smiling and happy, looking plump and rosy.

"I'm feeling ever so much better, indeed quite well,"

said she, "but as I am going to Rochester to-morrow for a visit of several weeks I want a new supply of medicine."

She said her headache was gone, no more neuralgia, no sparks before eyes.

Don't fall as she used to, feels steadier. Had no sore throat since taking the medicine. Still some itching and tingling in hands. Last menstruation normal in amount, lacking only a day or two of being the full four weeks, while it was so natural and easy that she did not have to take to the bed as she had before. Her pulse was 72.

I gave her Borax cm. one dose dry on the tongue and placebo to take with her to Rochester. I have since heard concerning her, that she has continued well.

CASE II. Late at night on Dec. 17, 1901, Mr. M., a railroad man, as he went to his work called me to go and see his wife.

The history of the case was as follows:

For several days she had had too frequent and painful urination, pain in back, very severe, could not lie down, had been propped up in bed for several nights, and could sleep but little.

Bowels loose for long time, has to jump and run to stool immediately after eating.

Bearing down, pressing down feeling; as though everything would fall out. Can get about the house only with great difficulty on account of this sensation. Today some of the symptoms had changed, the looseness of bowels, the bearing down feeling and the painful and too frequent urination remained, but instead of not being able to lie down she was not able to sit up, and I found her in bed with no pillow under her head, while she had two pillows under her hips.

I went to the kitchen, got two glasses half full of water and two teaspoons. In one glass I put a few pills of Sepia 30, and the "second best remedy" in the other glass. I gave a dose or two of the Sepia solution and told her that, beginning with that same glass she was to take a dose every

fifteen minutes for an hour, then every half hour for an hour, then every hour in alternation.

The next day, Dec. 18th, I called three times but could not gain admittance. Thinking that her husband was away and fearing that she might be seriously ill, I wondered if I ought to call a policeman and force an entrance into the house, but decided to wait till the next day.

Early on the morning of Dec. 19th I went to the house, and who should come to the door but Mrs. M. herself, as smiling, as active, as happy and apparently as well as usual.

She said that almost at the first dose she had gotten relief, and shortly after I had left she had fallen asleep and had slept soundly all night till 8 o'clock in the morning, then she had gotten up, gotten her breakfast, and had gone to her mother-in-laws, across the city, for an all day visit.

She wanted a little more medicine as she still had a little pain and straining at the finishing of the urination act, and felt as though a little more ought to pass.

Thinking Sepia had done so well, that if left alone it would complete the cure, I gave the "second best remedy," which, she told me a few days later, had entirely relieved every unpleasant symptom.

CASE III. Mrs. S., aged 45. Always well until three years ago; was first taken with severe pain in back and left side. After a week or so the pain "ran around to the stomach," and then for a week she had constant nausea and vomiting, then she seemed to get better though never without pain in the back, but these spells would occur again and again.

Before the "spells" there was burning in stomach, hunger, but two or three hours after eating would be worse. During the attacks there was faintness, gas in the stomach, and she could eat very little, only toast and tea; her hands got numb, she could not walk during the attack; at other times she walked more or less unsteadily, with jerking of the legs, which was also present when lying down.

At first the pain was in the back, "striking around to

the stomach," it gradually began to run down the thighs also, till now no pain is felt in the back. No tenderness, redness or fever; pain sharp, jerking, as though something moving in the muscles, "like gas, as it rumbles and twists" in the intestines.

No pain in joints, the pain now often extends to calf of leg, side of foot and sometimes side of hands and little finger.

Eyes trouble her, fears going blind. At times can't see, wants to keep eyes shut, sees dark spots and things running about room.

She had been treated during the past three years by seven or eight different physicians, all of the school that treats the disease and not the symptoms, and although she has had, according to these physicians who boast of their ability to diagnose at least five different diseases, yet their treatment has been identical, simply morphine hypodermically. Of course this was not prescribed because of any symptoms observed, but because of their knowledge of the pathology of the case, and because morphine has a curative effect.

At first she had cancer of the stomach: Treatment, Morphia.

Next, lumbago, rheumatism: Treatment, Morphia.

Then floating kidney, for which she was given Morphia.

Next she had neuralgia and the remedy was Morphia.

Finally her difficulty was renal calculus, and here was the first variation in treatment. A tonic was given between the attacks, and yet Morphia was the "regular" treatment when suffering became severe.

Henceforth let us not dispute with those of the old school when they claim to be the "regulars," for not even among the followers of Hahnemann can we find more regular and uniform prescribing even for several different diseases, and especially when we consider that we prescribe only upon symptoms, while they, from their profound knowledge of pathology, are able to ignore mere symptoms, such as pain, etc., and treat the disease in a truly scientific manner.

One, a surgeon, had this patient at a hospital last September, and the day set for an operation, but very unwisely he let fall the remark that "tomorrow we'll operate and then we will know what is the difficulty," whereupon the patient objecting to being a subject for vivisection, ordered a carriage and went home. What a blow to true science! Think how great an aid it would have been to their skilled diagnosticians to have had the opportunity to positively prove that one or all of these diseases were present in this patient.

All this time a sister of the patient had urged her to call a homeopathic physician, and finally, in the middle of one night, when a severe attack came on, your humble servant was called. After watching her a few moments and getting answers to a few questions, some pellets of *Rhus tox.* 30 were put in a glass of water and a teaspoonful given every three or four minutes for half an hour or so, and as she began to feel easier the interval between doses was lengthened. I was there about an hour and then as she was greatly relieved I left her.

The next day I saw her, tested the reflexes, her ability to stand with closed eyes, to walk a straight line (the seam in the carpet), going up and down stairs, etc., and made my diagnosis, which doubtless every one of you here has already made from what I have written of the case, and though we are not supposed to be able to diagnose, I would not be afraid to wager we should all agree with much more uniformity than those "regulars."

I gave her *Rhus*, about 3 x. to take several times a day, and she had little or no trouble for about two weeks when another attack, worse than the last, came on, after she had done a washing. And right here let me say what I forgot to say before, she has for years done several washings every week, with her hands much in cold water.

This time the pain was wholly in the right thigh, and contrary to the usual order, the left side was free from pain, for she said it usually began in the left side. I have seldom seen more severe suffering. I at once called for a glass of water, gave *Rhus* 200 in the same manner as I had given

the 30 before, and in fifteen minutes she was almost entirely free from pain. If I could have had any fair-minded, unbigoted "regular" physician there I feel sure he would have been almost persuaded.

This was in the afternoon, and in the evening I called to see how she was for the night, when who should come to the door to let me in but my patient. Her walk was unsteady, she had to put her hand out against the wall as she went through the hall, but still she felt happy that she could walk at all. She told me that under "regular," scientific treatment it was generally necessary to give two, often three, and once four quarter grain hypodermics of Morphia in rather quick succession, before relief was obtained, and then it was more a stupefaction than a relief, and she was days and weeks getting over the effects of the Morphine, taking of course occasional doses all the time. She was troubled with such terrible nausea, unable to eat, or even to lift her head. One of the physicians told her that she did not need food, as morphine was a food. This Declaration seems to me to be worthy a place a long with that of Professor Atwater's, that alcohol is a food.

Of course I have not promised a cure, only the hope that the disease may be checked, or delayed. She is now taking Rhus 30, one dose a day. I have reported this case in the hope that I may learn from the discussion what is the best course to pursue, for it has been so short a time since I have left the "scientific," "regular" school, which holds out but little else to a victim of locomotor ataxia, save to become a morphine fiend, that I greatly fear I shall not be able to so apply the laws of similia, as to continue to control this case, and check the disease as I feel might be done by you, who are well versed in the practice, of what I believe to be the Divine art of Healing.

Dr. Schwartz paper received high commendation and the subjects were opened for discussion.

Dr. Howland, on the possibility of cure, cited a case in which improvement had been so great as to cause her to believe a cure would have ensued, could she have held the

case. The treatment of this case had occurred during her early homeopathic practice, and while in college, where she had *no failures, and cured everything*. The patient continued to treat by correspondence for a time after she left his neighborhood, but finally stopped and she heard no more.

Dr. Schwartz had certainly believed homeopathic treatment would check the progress, but asked could he expect a cure.

Dr. Irons asked the remedy in Dr. Howland's case, and was told that it was Kali bi. 45 m, (F).

Dr. Schwartz asked the advisability of continuing Rhus 30, one dose each day, between attacks, or give a higher potency and wait.

Dr. Keese thought the case probably incurable, but thought if it was his case, he should give a higher potency and wait for the next attack. He said that it was not the cumulative force of a drug that the homeopathic physician expected, but the influence of the potentized medicine to relieve the vital force.

Other physicians conceded that they should give a higher potency and wait.

In miscellaneous business brought before the Society, Dr. Leggett com. for ascertaining the cost of publication of the March, 1901 transactions of the society reported three estimates from three publishing houses. These were severally \$75, \$60 and \$41.60.

After discussion of the subject it was decided that the number of regular members present was too small to decide a matter of so much moment as the expenditure of so large a sum.

It was finally moved, seconded, and carried, that Dr. Gwynn, who was much interested in the subject, be appointed to interview, by letter, the different members of the society, and report.

The sec'y. reported the receipt of a postal from M. R. Leverson, asking for the support of the society, and petitions to the several Senators and Assemblymen, for the Leverson Bill, then before the senate, begging for the ap-

pointment of a commission of five, to examine into the effects of vaccination, and to determine its use as a prophylactic in small pox.

The sec'y. had recieved the Press Knickerkocker of Albany containing the bill as presented, with favorable comment.

Discussion was followed by a motion to request each member of the C. N. Y. H. M. S. to write to their several Senators and Assemblymen asking them to support the Levenson Bill then before the State Legislature.

There being no further business before the society it adjourned to meet in Rochester, June 12, 1902.

S. L. GUILD-LEGGETT, Sec'y.

Essayists appointed by the president.

"Organon Section." Dr. C. H. Bresee.

"The Amalgamation of the Medical Schools." Dr. E. P. Hussey.

Essayists: Drs. J. A. Biegler, D. J. Chaffee, R. C. Grant, A. C. Hermance, W. W. Johnson, E. V. Ross, W. E. Dake.

S. L. GUILD-LEGGETT, Sec'y.

CLEAN AND RUSTY WEAPONS IN THE HOMEOPATHIC ARMORY.

Dr. VON VILLERS—Dresden, Germany.

I. Skizze aus der Mappe eines reisenden Homeopathen. Zum Druck befördert von Dr. L. Griesselich, Karlsruhe. Druck und Verlag von Ch. Th. Groos 1832.

One hundred pages. A frontispiece. It means: "Sketches from the portfolio of a traveling homeopath."

Instead of a preface he begins with

CHAPTER I.

"How the traveling man came to Homeopathy." He had found out, that all other methods of practice were doubtful, and often injurious to the patient.

His first child died from allopathic drugging. The

first known homeopath to whom he went, Dr. Kiesselbach in Hanau near Frankfurt am Main, he asked why he became a homeopath? Twelve years ago, said the doctor, they brought in my office a girl of twelve years. One side of the face was paralysed, after sleeping on damp grass. The child had been treated by allopaths without any relief. He gave Nux vom. and the case was cured quickly. He sees now 2500 patients in a year in his office and treats them with pure Homeopathy. They call him often to noble families in Frankfurt.

In Gotha, Thuringia, he found a Dr. Plaubel, who being a good botanist, went himself to look for the medicinal plants he wanted. In the croupous cough of children found he could cut it short in the beginning by the smelling of Aconitum. But when he was called too late, then he gave Spongia, and the child went to sleep.

In the same town he found a high official, Dr. Hemricke, who had written some pages on Homeopathy in the *Allgemeiner Anzeiger der Deutschen*, at this time the best known paper.

In Naumburg, Prussia he saw Dr. Stapf, the first editor of *Archiv für Homeopathie*. He was 30 years at the head of this valuable monthly. His great cures had brought Dr. Messerschmidt, formerly his antagonist, to become his most intimate friend and adherent.

Coethen, Anhalt (center of Germany). Here Dr. Grieselich sat at the feet of Dr. Samuel Hahnemann, who was then in the 77th year of his age, but agile as a young man, only his white curled hair showed his age. He had a stout and short body, every muscle in action when he speaks. His speech is fluent and passionate, and when he spoke of the bitter hate of his antagonists, who persistently refused to study his new theories on healing, his speech ran quickly as a current of fiery lava.

He smokes all day a pipe of tobacco. He takes no wine, but has a glass of "Weissbier" [a sweetish half-beer, which is now out of use]. He lives a sober and simple life, as a patriarch.

His examination of the symptoms of his patients was minute, going into every little symptom and each symptom was noted in a large book. This brought him to the idea of psora. He complained, that ascites and gleet were so difficult to cure. [Each observing homeopathic practitioner knows this all too well. Von. V.] His daily work is a benefit for him and he carefully criticises every theoretical deduction. He has never written or said a word, that he could not prove by his own experience[vide Chronic Diseases vol. I, page 7, note. Von V.] At this time Hahnemann gave all his medicines in C. 30 globules.

Berlin. At this time between hundreds of allopaths was one homeopathic Medicinalrath Stüler[Medicinalrath is a high grade in the profession. Von. V.] He had a large clientele in aristocratic houses, but his office was crowded with poor people to whom he gave advice and medicine for nothing.

Dr. Stüler preferred to begin the treatment of the over sulphurated cases, and he had found that the aristocracy with its social obligations were over-sulphurated conditions and called for Sepia.

At the house Dr. Griesselich met Dr. Attomyr from Vienna, who assisted Dr. Stüler, whose health began to be shaken. Dr. Attomyr had found and proved the Antipsorinum. It is a drop of pus from the scabies vesicle in C. 30 trituration.

Jüterbog (between Berlin and Leipzig).

Dr. Gross, a valiant fighter for Homeopathy, an open minded, honest man. Dr. Griesselich put to him some questions about metrorrhagies, which he had mostly helped with Crocus. A case of vomitus cruentus, of an almost dying man, he cured using Nux vom.

Leipzig, in the Kingdom of Saxony, is the city where Homeopathy started. There Hahnemann published the first books on the homeopathic theory and by the great results of his new treatment, he found a daily increasing clientele. Finally he was obliged to leave this city as the persecution by his antagonists became too severe. Just at this

moment the Duke of Anhalt—Coethen called him to come to his residence Coethen.

Dr. Griesselich met in Leipzig Drs. Franz Hartmann, Haubold, Hornburg and M. Müller. The dentist Gutmann was the first who treated the dental affections of his patients homeopathically.

Dr. Lux, formerly lecturer at the university on animal diseases, resigned from his place, and treated all animal diseases and affections homeopathically, with striking results.

Dresden [residence of the King of Sachsen. Von. V.]

The traveller found there Dr. Trinks and Dr. Wolff. Both stood in opposition against some of Hahnemann's theories. Hahnemann had said that the X. potencies (30c) were sufficient for all cases. The Dresden homeopaths said, that the right potency must be found by carefully studying the intensity of the disease and the individual personality.

Baron V. Brunnow, did very much for Homeopathy. He is a critical student and has noted down all that Hahnemann has said upon some theories and he says that he admires Hahnemann for he is always progressing.

Prague, Bohemia. Dr. Schaller was, since 14 years a homeopath. When the Austrian emperor came to Prague, Dr. Schaller was invited to an audience. He had treated a sister of the emperor, abbess of the nunnery on the Hradschin [a hill above the city of Prague, where all the imperial institutions are located. Von. V.] with great benefit. The emperor thanked him. Dr. Schaller begged him to give his mighty protection to the homeopaths in the same manner as he gave it to allopaths. But the emperor said: "Doctor, cure more patients than the other party and the public will come to you."

Wien, Vienna, residence of the Austrian Emperor.

In Austria Homeopathy was not allowed, but as the wife of the minister president, Prince Metternich, had chosen Dr. Marenzeller as her physician, nobody dared to prosecute the homeopathic practitioners. A member of the imperial family had said, if the cholera should come, he would be

treated by a homeopathic physician. Dr. Marenzeller has the largest practice. His imperial majesty, the Emperor, gave the order that Dr. Marenzeller should through three months have the right to treat after the homeopathic method his patients in a Vienna hospital. When the allopathic doctors found, that Dr. Marenzeller's work was better than their own, they shut the door of the hospital. Dr. Schmit physician of Her Imperial Highness the Duchess of Lucca, shall go with the Duchess to Lucca, and superintend a homeopathic hospital there; the assistant Dr. Nucarrini was already on duty in the hospital, containing 40 beds.

The clergyman Dr. Veith, officiating at the imperial Cathedral, had been before he chose the ecclesiastic career, a well known practitioner in Vienna. He did later very good work in propagating Homeopathy in his community. Many of the military surgeons treated homeopathically in their private work. The senior of these men was Dr. Braun in Comorn (Hungary) 30 years of age. Dr. Bakody in Raab had cured during the cholera 104 patients, mostly grave cases. At the end of the epidemic an Hungarian deputation went to Vienna to report to their King of the relative percentage of the cured cases by the allopaths and by the homeopaths. It was proved by the signature of all the patients treated by the homeopaths, that this method saved and cured $\frac{3}{4}$ of the diseased; the allopaths saved only $\frac{1}{4}$. (1832, Von. V.)

Dr. Necher is attached to the court of the Duke of Lucca as his homeopathic specialist. He brought Homeopathy to Neapel, from where it spread all through Italy. Dr. Mauro was so taken by the new method of healing, that in his 74th year he took German lessons, to learn as much of the German language as possible as all the homeopathic works were printed in German. Two years later he published in the Italian language the *Symptomatology of Pulsatilla*. At this time all the old men, who had heard of Hahnemann's doctrine, became imbued with juvenile enthusiasm.

In Hungary, Homeopathy was openly taught and nobody in this liberal kingdom interfered with the homeopaths.

In Bnda Pest the traveller found Dr. Balogh, in Raab Dr. Bakody.

Salzburg [residence of the Fürstbischof, "High Bishop," the Title is High Reverend. Von. V.] The traveller heard that in Salzburg a military surgeon practised the new method, but nobody knew his name.

Dr. Griesselich found in Salzburg Dr Hartung. Before he came he had practised in Biella, Galicia(part of Russia). His clientele was very large and often he was called to Warsaw,(formerly residence of the king of Poland; now seat of the Russian General-Governor. Von. V.) Dr. Hartung told him the case of a Polish count, who was insane for 20 years and nobody could cure him. His guardian heard of the new medical sect and brought his pupil to Dr. Hartung, who cured him in one year. He cured later condylomata, with Thuja 50 c.

München (residence of the King of Bavaria).

Dr. Widumann treats his patients with both hands. He was a great antagonist of the homeopaths and wrote a pamphlet against these sectarians. The manuscript was never published, because he began to read good homeopathic books and tried the new method at the bedside and was soon convinced, on which side the better work was done.

The Bavarian government sent the lector, Dr Roth, from the Munich University with the mission to study the homeopathic treatment in Austria during the second epidemic of cholera invasion. It was reported by the homeopathic practitioners all through Austria and Hungary, that Veratrum album was the medicine, which cured almost all grave cases. The combination with other medicines diminished the chances for the patient. As preservative in the beginning of an epidemic Dr. Rubini of Naples taught the use of Camphor 6th for internal use and Camphor 2nd trit. to put into the stockings. The very severe epidemic in the Neapolitan army was quickly reduced by these preventive measures. The current cases he treated also with Veratrum album and Rubini had the best record of cured cases.

Dr. Griessclich became, 15 years later, as Editor of the

Hygiea, the critic and antagonist of Hahnemann and his writings and adherents. He is one of the rusty weapons in the armory of Homeopathy.

DIARRHOEA AND OTHER CASES.

BY E. H. WILSEY, M. D., Parkersburg, W. Va.

CASE I. Aug. 27, 1900. Mary E., age 42. Very nervous. Thyroid gland greatly enlarged. Has to swallow very slowly or liquids return through nose. Bitter taste in morning. Heaviness in stomach after eating a little, sudden repletion. Great hunger. Thirsty at times.

Diarrhoea at night lasts from 10 o'clock to 1 or 2 a. m. yellow, thin and offensive. Sleep restless in forepart of night, then hard to get up, in morning is very tired. Shortness of breath in morning. Feels weak and exhausted; feet and legs swell; yellowish green and bitter vomit in morning.

Patient had been under the influence of drugs by an allopath, who believed in plenty of strong medicine. She was emaciated, with large staring eyes, this combined with the enlarged neck, made a sad picture. China 30m.

Sept. 1st. Found diarrhoea about the same; swallowing about the same; still a bitter taste in morning. Can now eat more with less trouble afterwards, and the hunger is better satisfied; sleep better, not so tired in the morning; breathing better, feels stronger; vomiting less; feet and legs still bloated. Lach. 1m., two doses.

Sept. 8th. All symptoms better. Placebo.

Sept. 15th. Still some diarrhoea at night; bitter taste. Podophyllum 45m. one dose. Patient came to office, had not been able to leave her room for weeks before.

Oct. 9th. Patient had gone to work. I gave one dose of Sulphur 55m., which cleared up the whole train of symptoms with no further trouble up to date.

CASE II. Dec. 18th, 1900. Mrs. S. A., age 36. Early morning diarrhoea, drives the patient out of bed and keeps

up nearly all day; now like muddy water; copious not offensive. Catarrhal condition of lower bowels; fruit aggravates; dizzy spells; great thirst, could drink all the time. Sulphur 1m.

Jan. 1st. Can lie on back, better than on either side; has had soreness around the appendix region for at least three years; black spots before eyes like a veil. Trouble dates back to grippe and birth of last child. Bryonia 1m.

Jan. 9th. Diarrhoea better; raw apples cause burning in stomach. All other symptoms better. Arsenic 1m.

The patient had been under treatment, by various physicians of the regular school for the past four or five years, and was apparently getting worse. The husband was formerly a prescriber of the obnoxious doses, but now (June 1902) says Homeopathy did something for his wife in a few weeks that they had been trying to do for years. We had cured the diarrhoea and no return of symptoms since Jan. 1900.

CASE III. Mr. M. P. Mc., age 23; teacher. History of stomach trouble. An all-gone sensation in stomach, with sensitiveness to pressure, at 10 or 11 a. m. Could not wait for dinner; would get relief by eating a banana or drinking milk. Patient would have to stop and dismiss school at times to get something to eat to relieve the bad feelings. Sulphur 55m, one dose.

This put a stop to the entire train of symptoms and brought me another patient with similar sensations in stomach, although if he would go past 11 o'clock he could not eat any dinner. This patient is now under treatment.

CASE IV. Herbert C., age 9. Subject to sick headache. He was in his usual good health upon retiring May 6, but was awakened at 3 a. m. with vomiting and headache. His mother thought one of his spells of headache was coming on and gave him home remedies. At 2 p. m. he began to have labored breathing; at 5 p. m. I found the following symptoms:

Temp. 103½; pulse 100; resp. 40. Grunting respiration with pain in whole left chest, across stomach into the hepa-

tic region, then no headache! Some thirst, tongue heavily coated, yellowish white. Phosphorus cm., one dose.

May 8. Breathing nearly normal; received relief in a few minutes after taking the Phosphorus. Passed a good night and felt very much better; pulse about 90, temp. 102. Left lung seemed to be clearing up.. Placebo.

May 9, 1 p. m. Had been feeling better all morning. Temp. 99½, pulse 80.

May 10, 10 a. m. Slightly delirious at times during sleep. Temp. 99, pulse 76. Some jerking of wrists. Bell.

May 11, 3 a. m. Found patient with bad symptoms such as muttering delirium, seeing objects on the wall, reaching in air, widely dilated pupils, neck somewhat stiffened. Hyoscyamus 200 every hour or two.

May 11, 1:30 p. m. Found patient still no better. Gave an enema which caused a good free movement of bowels with no particular relief. Continued Hyos. 200.

May 12, 9 a. m. Patient was in collapse. Gave Carbo veg. which eased the breathing somewhat, but death came to his rescue at 11 a. m.

The Announcement of Hahnemann Medical College of the Pacific for session of 1903 is on our table, and typographically is one of the best if not *the* best published. The roster of the faculty is good and bids fair to teach genuine Homeopathy. *Curantur* is spelled with an "a", which is something of an innovation. The faculty does not appear to be imbued with the "higher criticism;" the Homeopathy of our fathers is good enough for them and their students. We wish the college the success it richly deserves.

INCONTINENCE OF URINE.

R. E. BELDING, Troy, N. Y.

Rita E., aged 10 years, of a very nervous temperament, formerly subject to chorea, had a sudden attack of involuntary and unconscious urination. There was no trouble while sleeping, but when awake she was likely, at any time to wet herself. The urine seemed natural in quality, the quantity was increased. There was no sediment. There was no dribbling, but when a slight accumulation had taken place, out it came with a gush, she being unconscious of it until feeling herself wet. Through the summer she had cold and sweaty feet and hands. She had *apparent* hypermetropia, holding her reading as far from her eyes as her arms would permit. Even then she could only see the letters for a few moments, after which the letters and lines would run together so that she could not see them. On testing the eyes she had no perceptible hypermetropia, but she had no *fixed* vision, and could look at nothing near by. She suffered greatly from pain in and around the eyes. She was mentally very bright and quick-witted. She was both bodily and mentally restless. A year ago she had the same urinary trouble for which a number of remedies was tried without avail until I gave her *Argentum nit.* 200, which stopped that urinary trouble almost instantly. A repetition of this remedy for this last attack again worked like magic, and she rejoices in being relieved from a very annoying complaint.

Two months later, without further medication, she was fitted with slightly convex glasses and was thus enabled to use her eyes with comfort and great pleasure. Previously no lenses were of the least benefit.

Since writing the above she has had a return of the urinary difficulty which gave way at once by the use of *Argentum nit.*

[This relapsing tendency denotes a psoric or tubercular diathesis and the constitutional remedy should be used to

eradicate it, to free this child of her inheritance and prevent more serious complications at puberty. Argentum nit. though well selected, apparently cannot cure. Ed.]

CASE II.—Mr. StClair F., aged about 50 years, came complaining of neuralgic pains in the inferior maxilla extending to neck and throat. He had felt badly for two or three days with these pains and a little headache. His tongue and the whole buccal cavity appear flabby and somewhat angry. Under the tongue, at the outlet of the sublingual gland, is a yellowish point, which looks like a spot of ulceration, but it is *hard* to the touch.

He is a large man, of sanguine temperament. He had gonorrhœa when a young man, and was treated locally with astringents. My prescription was Merc. vivus 3m.

Two days later he came into the office bringing a hard yellowish, cigar-shaped concretion seven-eighths of an inch long by three-eighths of an inch thick. This had come suddenly from beneath the tongue, leaving a smooth bed and giving relief from the neuralgic pains. I have never seen another case like this.

CASE III.—For several years Charles H. E. has been subject to spells of sudden looseness of the bowels, at first coming on and aggravated in the early morning hours; latterly, at any time, but worse after midnight. The evacuations were painless, profuse, gushing, yellow or brown; watery, undigested and very offensive at times, aggravated by eating solid food, drinking and motion. He was much emaciated, and his countenance was of a muddy color. Yet he kept his strength remarkably well and worked at his trade, which was that of laundryman.

The stools would be preceded by a commotion in the stomach, then a gurgling down the whole course of the intestines. He had a craving appetite, but the least bit of solid food quickly increased the evacuations. At first Sulphur helped him, but later on it failed. Psorin then seemed beneficial, but after taking Aloe, Podophyllum, Veratrum alb, Croton tig., Phosphoric ac., and Natrum sul., all without avail he went to the druggist, took his prescription and for

a few days thought he was better. I hear, however, that he is as bad as ever again. This was one of my failures, and I think the only one in chronic diarrhoea. What is the remedy?

Antistreptococcus Serum in scarlet fever is not yet up to scientific expectations. In a group of 65 cases treated with Aronson's preparation, the mortality was 11.3 per cent. Baginsky compares these results with those of 63 cases which received no serum with a mortality of 14.2 per cent, and argues that the difference does not prove the value of the serum. Better try the homeopathic remedies, under which the mortality rarely reaches 5 per cent., irrespective of epidemics.

[The sudden attack of: "looseness of bowels, causing on and < in early morning hours; or at any time, but < after midnight; painless, profuse, gushing, yellow or brown; watery, undigested and at times very offensive; < by eating, drinking or motion" is a good picture for Sulphur. But when "Sulphur helped, but later on it failed", Tuberculinum would have cured, and may cure even now if the patient be livign. Ed.]

Pediatric Hints. The first thing a new born child does, is, it screams; and as we can clearly hear, in a burst of anger and displeasure at the unwelcome change.

It is the first sign that there is a human soul within. No animals scream when born, not even monkeys, neither mother nor child.

A well trained ear will know by the sound what the child means by its cry. In sleep, the face shows the state of the mind. We should avoid waking a child or making it cream.

In our efforts to find even the slightest traces of a true image of the case before us, we must avoid all rough handling as much as the case will allow. Children will never afterwards trust; they cannot forget or forgive a stranger. Let the mother do as much as possible. We gain very little, if anything, by forcing their mouths open to see what we can just as well hear or smell. Does it ever tell us what to give?

HERING.

EDITORIAL.

All Contributions, Exchanges, Books for Review and other communications should be addressed to the Editor, 5142 Washington Ave. who is responsible for the dignity and courtesy of the magazine, but not for the opinions of contributors.

THE LOCAL TREATMENT OF GONORRHEA.

The folly, to apply no harsher term, of treating a theory and a diagnosis, can not have a sadder or more convincing illustration than in the treatment of gonorrhea and syphilis. These affections are considered simply local lesions to be eradicated in the speediest manner possible by local medicated applications—astringents and caustics—without reference to the future weal or woe of the patient. The following graphic portrayal of the constitutional results of such treatment is from the Editorial Columns of a recent issue of the *Medical Brief*. Yet this is the best scientific medicine can do! We refer the writer to the couplet of Burns:

“O wad some power the giftie gie us,
To see oursels as ithers see us”,

THE WORST ENEMY OF MAN.

The drink evil, the morphine habit, syphilis, tuberculosis, are each enemies to civilization, but the worst enemy of all is the prevalence of gonorrhea.

Thousands of women die every year from the pelvic troubles resulting from infection with the virus of this disease; thousands of others are invalided for life, deprived of all the joys of existence, made helpless burdens upon others.

Gonorrhea spreads among all classes. The young wife and children suffer, while the man, who has been unskillfully treated, is constantly liable to auto-infection by the poison lurking in recesses of the urethra.

The virus of gonorrhea is a most persistent and highly infectious poison. As a disease-producing factor it is unrivalled. The number of complications to which it may give rise is enormous. Inflammation of vagina, urethra, womb, tubes and ovaries; puss sacs, cystitis, nephritis, proctitis, ovarian abscesses, pelvic peritonitis or cellulitis are some of them, to say nothing of infantile ophthalmia, gonorrheal rheumatism, pleurisy and pericarditis. Our great operating surgeons find in some of

these consequences of gonorrheal infection, the daily recurring necessity for the work of mutilating and unsexing women.

Gonorrhea is given by all the authorities as the principal cause of suppurative disease of the female pelvic organs. It is almost impossible to eradicate the disease once it is entrenched in the generative organs of the woman. The recurrence of the menstrual period tends to preserve its activity and relapses are frequent. Gonorrheal salpingitis almost invariably produces sterility.

There are some three hundred thousand known prostitutes in this country and doubtless as many more who carry on a similar vocation in secrecy.

A large percentage of the blind lose their eyesight through the ravages of gonorrhea; others, more fortunate in this respect, still suffer all their lives from weak and easily inflamed eyes.

The amount of suffering, the number of deaths, the invalidism, the economic loss and injury to the body politic caused by gonorrhea is beyond human reckoning.

OUR PRACTICE TODAY.

How shall we best cope with this disease?

In the first place, physicians must revise their views and practices; some consider its treatment beneath their dignity. This is nonsense, unworthy of a practical man whose chosen business it is to relieve suffering. Others consider it a harmless, self-limited disease—a most mischievous fallacy.

The time to cure gonorrhea effectually is during the first stages of an acute attack before the urethral mucous membrane is seriously damaged or organic changes have taken place.

The treatment now in general use by the best specialists is Sanmetto to control the inflammation, given in teaspoonful doses every four hours. Also injections prepared by adding a three-ounce (original package) of Kennedy's White Pinus Canadensis to a pint of water. Some practitioners assert that this injection is improved by using fourteen ounces of water and two ounces of Listerine. The bowels are opened by a mild mercurial purge, followed by salines, and kept soluble throughout the disease.

The pernicious doctrine of "Local Diseases" was severely condemned by Hahnemann in all his teachings and especially in the last edition of the *Organon* in 1833. Yet even with the microscope and the advancement in pathology our colleagues of other schools do not appear to recognize anything in man or in disease that cannot be seen with the naked eye. Gonorrhea, syphilis and the entire family of skin diseases are considered purely local in their

character and pathology and are treated accordingly. When will the medical profession learn that while there is "a local manifestation of an internal disease" there is not and cannot be a local disease *per se*, hence the local treatment of these affections is little less than criminal. For the benefit of our homeopathic colleagues infatuated with such pathology and practice, we reproduce what:

Hahnemann says, Organon §. 185:

Among the one-sided diseases (with one or two chief symptoms which obscure almost all the others) an important place is occupied by the so-called *local maladies*, ailments that appear on the external parts of the body. Till now the idea prevalent in the schools was that these parts were alone affected, and that the rest of the body did not participate in the disease—a theoretical, absurd doctrine, which has led to the most disastrous medical treatment.

§ 202. If the old school physician should now destroy the local symptom by the topical application of external remedies, under the belief that he thereby cures the whole disease, nature makes up its loss by rousing the internal malady; she increases the internal disease.

§ 203. Every external treatment of such local symptoms, the object of which is to remove them from the surface of the body, whilst the internal miasmatic disease is left uncured, as, for instance, driving off the skin the psoric eruption by all sorts of ointments, burning away the chancre by caustics and destroying the condylomata on their seat by the knife, the ligature or the actual cautery [or suppressing the acute discharge by astringents or peroxides]; this pernicious external mode of treatment, hitherto so universally practised, has been the most prolific source of all the innumerable named or unnamed chronic maladies under which mankind groans; it is one of the most criminal procedures the medical world can be guilty of, and yet it has hitherto been the one generally adopted and taught from the professorial chairs as the only one.

In the early decades of the last century Hahnemann proclaimed against the results of such treatment, yet many of his professed followers are guilty of the practise today. To point the finger of warning; to say, "Allopathy, thou art the cause," is apparently of little use; for while the editor castigates the profession and points to the results of such treatment as little less than criminal, he innocently recommends the local use of *Pinus Canadensis* as the treatment. But this is not a solitary exception in practise. The school is imbued with *the theory* and the treatment is

based upon it. The first thing done in case of a bite by a rabid animal is to cauterize, to seal the poison in the circulation and allow it to thoroughly infect every tissue of the body. If there be a right or a wrong way to treat any sick patient the wrong appears to be the invariable practise. Why should professed homeopaths adopt it?

SURGICAL TREATMENT OF APPENDICITIS.

In a recent paper on The Appendix in the *Georgia Eclectic Journal*, Dr. S. F. Bigger reiterates the old claim made many years ago by Swedenborg, that without the vermiform attachment there is no proper peristalsis. Whether this be correct or not, and physiologists do not define its functions with any alarming degree of unanimity, it does not follow that the premature removal of the organ on the slightest provocation in order to prevent an attack of suppurative inflammation in the future, is wise or just to the patient. The operation may be a success; but may it not hasten what we are trying to prevent?

The doctor says:

"The appendix is claimed by some of our most eminent physicians and surgeons to be an organ without a function, hence it can be extirpated without injury to the patient. If this is true why is it that the majority of persons operated, do not live more than from three to five years?"

But aside from the question of destroying peristalsis, we at least remove the symptoms, the guide for the selection of the remedy that may not only relieve the present attack but eradicate the constitutional tendency to these inflammatory explosions. In other words cure the patient, not palliate and temporize an acute attack, but remove the cause of his sickness.

Or, is it possible, that we may be trying to demonstrate the function of this intestinal attachment by surgical vivisection instead of physiological experiments?

It is said that Lawson Tait in the later years of his work, severely condemned the indiscriminate removal of

the ovary in order to correct its function; and this after an extended surgical experience, for the unsexing of the patient was attended by profound, far-reaching constitutional effect from which she rarely recovered. As homeopaths, is it not better for us to adopt the bloodless method of Hahnemann and cure our patients of the tendency to appendical ailments via the totality of symptoms route. Like suppurative tonsilitis, it rarely occurs except in the psoric or tubercular diathesis. Remove the cause, both remote and exciting, by correcting the regimen and constitutional diathesis and the scalpel may be wielded in a better and holier cause for humanity's sake.

A Centre Shot with Ranunculus. It is a pleasure to receive a verification of a proving like the following:

I thank you again for the dose of *Ranunculus bulbosa* you gave me in June last at Chicago Beach Hotel, for pain in my cardiac region, which has not troubled me since.

B. L. B. BAYLIES.

At the last meeting of the I. H. A., at Chicago, in June, 1902, a small group of members surrounded Dr. Baylies, analyzing and discussing the peculiarities of a pain in his left chest which was so severe the previous night while on the train that he could neither rest nor sleep.

Sharp shooting pains in left chest.

Chest feels sore, bruised, < from touch, motion or turning body.

External soreness of chest, acute pain when taking full inspiration.

Mental anxiety; loss of appetite.

Ranunculus was suggested and a physician present furnished a dose of 40m. which was taken dry on the tongue. The doctor did not need a placebo. The pain had troubled him for months, but on the single dose of the dynamic similar he slept that night, was well next day, with result given above.

CORRESPONDENCE.

The Medical Millenium in England.

DR. HAYWARD'S LETTER,

61 Shrewsbury's Road, Birkenhead, September, 1902.

DEAR DR. FOSTER:—

It is thought by some of our men that we have arrived at a time when it would be wise on our part to consider the relationship between the two schools of Medicine. That is to consider whether it is wise for us professional men to increase antagonism of the old school by openly assisting the propaganda of the semi popular Homeopathic Association, or whether it would not be better for us to try to promote some concessions on both sides towards unity and professional good fellowship.

What are your opinions on this matter?

1. Can we modify our conduct in any way?
 2. Would it be wise to test the feeling of the profession at large by application for membership of the profession's societies?
 3. Would it be wise to make less parade of the name "Homeopathy?" [Or in any other way?]
 4. Would it be wise to drop the name?
- Please let me hear from you at an early date.

Yours truly, JOHN W. HAYWARD.

[‘First of all let us recall what is the doctrine which constitutes our creed, and has formed us into a church. Doctrine, I say; for Homeopathy is this and nothing more.’—See Dr. Hughes' last book, p. 181.]

THE REPLY.

In reply to your note respecting the relationship between the two schools of medicine, the essential consideration, it appears to me is this—what is the object with which they respectively practice medicine? Is it to conform to what the bulk of the profession holds, or is it to practise the

highest form of the healing art known to us?

If the former, we are open to any modifications consonant thereto. If the latter, we follow what we find to be an established law, and we can no more deviate from this law, than we could follow a suggestion to consider, say the boiling or freezing points of water to be different from what they are.

It is not we who practise the exclusion, and to ask the feeling of the profession on a subject with which they are unacquainted, and which they hold in contempt and decline to investigate, could hardly be other than self-stultifying.

With respect to the name, this appears to have been first applied to us by the dominant school. If while we differ from that school, we repudiate the name "Homeopathy," some other word or euphemism would be chosen, or would inevitably arise to note our difference.

As regards any form of propaganda, that must be left to the tastes of those who engage therein. If certain persons forget that a doctor is a gentleman first and a doctor afterwards their actions will not be mistaken.

When we enter on Homeopathy we know that we enter on a path surrounded by antagonism—an atagonism we deplore. Those who went before us bore the brunt of a much fiercer opposition than we sustain now. The progress of the times has modified the position. This is continuing to change and we have but to wait till Homeopathy is acknowledged by the dominant school, and to this kind the results of our practise should steadily conduce.

J. FOSTER. M. D.

DR. BLEIM'S LETTER,

Editor Advance:—

Parkersburg, W- Va.

It is hard to read Dr. Bleims letter with patience. By referring to the article Rhus-tox. in Allen's Encyclopedia, symptoms 334 and 340; Hahnemann's *Materia Medica Pura*, symptoms 201 and 203; or Jahr's *symptomen Codex*, Vol. II. p. 680 he will see why he cured that prosopalgia.

Reading the transactions of the I. H. A. would also save him the humiliation of ascribing cures to causes other than the working of the law of similia; that they are made by inciting a similar action in order that a dissimilar reaction may result—the substitutive action of Stille if you please—should be a self-evident fact to every thoughtful prescriber. No other method is conceivable in the realm of force. Is reaction wanting? Then God save the patient.

HOW TO USE THE REPERTORY.

To Dr. Swans inquiry (Jan. No.) I send the following reply:

A patient in the sixties suffering from a felon which had already been opened twice without relief, by a good surgeon, presented the following symptoms;

Splinter-like pains: *Agar. Alum. ARG. N. ASAF. CARBO. v. Cic. Colch. Flu. ac. Hep Kali. c. NIT. AC. Petr. Plat. Ran. b. SIL. Sul.*

Proud Flesh: *Alum. Ant. ARS. Bell. Carbo. a. Carbo. v. Caust. CHAM. Clem. Graph. Kre. LACH. Merc. PFTR. Phos. Sab. SEP. SIL. Staph. SUL. Thuja.*

Gnawing In Finger Tips: *Alum. Mag. c. Ran. s. Stront.*

Astringent Taste: *Acon. Agar. ALUM. Arg. n. Ars. Col. Gels. Graph. Iod. Kali. h. Mer. c. Mur. ac. Plb.*

Lightning Like Pains: *Acon. Agar. ALUM. Arg. Arg. n. Arn. Ars. BELL. Col. Gels. Graph. PLB. Sul. Zinc.*

Aggravation, Letting Part Hang Down: *Alum. Am-c. Ang. Cal. Caust. Cina. Dig. Hep. Ign. Lyc. Mg-aust. Nat. m. Nux. Par. Phcs. Phos. ac. Plat. Plb. Puls. Ruta. Petr. Stann. Stront. Sul. Sul. ac. Thuja. Valer.*

There was more of it but this is enough to show my purpose. He recieved the similimum in the cm. potency one dose dry on tongue. In twenty minutes he felt relief and went on to a speedy recovery after having had over two weeks of suffering. I do not give this prescription to instruct fellow Hahnemannians but to show part of the way to a fellow searcher after truth. Unless we are willing to search and work diligently such work is not possible.

C. M. BOGER.

NEW PUBLICATIONS.

HISTORIC SKETCH OF THE MONUMENT erected in Washington under the Auspices of the American Institute of Homeopathy to the Honor of Samuel Hahnemann. Dedicated June, 21-1900 in the presence of the President of the United States. Compiled by Rev. B. F. Bittinger, for the Monument Committee. Pp. 153. G. P. Putnam's Sons, 27 West 23d st. New York. Illustrated.

A beautiful volume, a memorial of the monument erected to the memory of Hahnemann, containing the report of the committee, a sketch of the life of Hahnemann, the origin and history with a general description of the monument, its unveiling and dedication. It is well illustrated, the frontispiece being a fine engraving of President McKinley. It contains the names and amounts of the twenty five hundred contributors from one dollar to \$4.510 that of Dr. Nancy T. Williams. Every homeopathic physician, whether a contributor or not, should be proud of this memorial and have a copy in the library for reference for as the years roll by it will become more and more valuable. Of the monument committee, McClelland, Dake, Talbot, Helmuth, Mitchell, Custis, Verdi and Smith, only two remain, Custis and McClelland.

Additional copies can be had of the Homeopathic Pharmacies, or the Medical Department of G. P. Putnam's Sons, 27 West 23d, St. New York. Price of the regular edition, One Dollar. A few copies of a special *de luxe* edition are at the disposal of the subscribers at \$2.00.

PEARLS OF HOMEOPATHY. By M. E. Douglas M. D. Associate Professor of Materia Medica in the Homeopathic Medical College, Baltimore, Md. Pp- 231. Flexible Leather. Price \$1.25. New York: Boericke and Runyon, 1903.

Another work on "Key-Notes" or "Characteristics" for the student and practitioner, under another name, only the most characteristic symptoms of each remedy being given.

The remedies are arranged alphabetically, and the symptoms given range from a single line to two, three or four pages; e. g. only the symptom of ALUMEN.

"Cough from tickling in larynx, caused by talking" is found, while its constipation, and hemorrhage: from bowels; in typhoid; in cancer of rectum and sigmoid; from mouth, gums, nose, uterus; from leech or insect bites; from extracting teeth etc., are not given. But this must necessarily be true of all condensations of the kind. The experience of the author and his familiarity with certain remedies must govern his selection of the characteristic symptoms.

These "Key-Notes," "Characteristics," "Pearls" of our materia medica are its landmarks, its guide boards with which every student should become familiar. As the surveyor or engineer blazes his way through the forest or over the desert, so the beginner becomes familiar with his remedial agents by mastering these guiding symptoms. No one should attempt to base a prescription on a "key-note" or "a single symptom" when more are obtainable; the totality of symptoms is the only basis of a successful prescription. But like a repertory they point to remedies to study.

We miss the modalities—the aggravations, ameliorations and relations of other remedies—but every thing cannot be found in a condensation no matter how complete. The author and publisher have given the profession a practical "refresher" for leisure moments and when reading it the practitioner of five year's work will be astonished to learn how much he has forgotten.

MANUAL OF CHILD BED NURSING, WITH NOTES ON INFANT FEEDING. By Charles Jewett, A. M., M. D., Fifth edition, revised and enlarged. 80 pp. 12 mo. E. B. Treat and Co., New York, 1902. Cloth 80 cents. □

An excellent, practical little volume, though we cannot endorse the following; for the lying-in patient.

"In ordinary cases the patient may sit erect in bed after the first one or two days during meals or for bladder or bowel evacuations."

This may do no harm in the majority of cases, in fact

in many cases is a great relief to the patient, but should be left to the physician or nurse in charge, not made a rule of practise. A very helpful chapter on the "Managment of Birth in Absence of Physician" will be of value in cases of emergency, and such cases happen occasionally. The directions for the obstretical technique are complete.

"WHAT BETTER THAN SERUMS?" A 12-page pamphlet by G. Kendall, of New York, is just recieved. It is a calm, incisive argument against that craze, and should be widely read. The entire paper indicates much reading and deep thought on the subjects touched upon. Any one interested can procure copies by writing to H. O. Houghton, 1004 North Calvert st., Baltimore, Md.

CLINICAL TREATISES ON THE PATHOLOGY AND THERAPY OF DISORDERS OF METABOLISM AND NUTRITION. By Dr. Carl von Noorden, Senior Physician to the City Hospital, Frankfurt. E.B. Treat and Co. New York. 1903. Cloth 50 cents.

This work consists of three parts under which the diseases of metabolism and nutrition, are treated by an able clinician and pathologist. Here it is that the degeneration changes due to our strenuous life so often cut short the activities of the business and professional man in the prime of mature manhood.

PART I. Obesity, the Indications for Reduction cures.

PART II. Nephritis, Treatment of various forms of Brights' Disease.

PART III. Colitis, Membranous Catarrh of the Intestines.

The three books sent free for \$2.00 and will repay a careful study, for every physician needs to apply the information in daily practise.

NEWS NOTES AND ITEMS.

Death-Rate in Diphtheria.—Steven Coleridge quotes from the British Registrar General's Report the following table (*Contemporary Review*, 1902):

TABLE 18—ENGLAND AND WALES.

Annual Death Rates; to a Million living Persons. 1881-1900: Diphtheria.

1881	1882	1883	1884	1885	1886	1887	1888	1889	1890
121	152	158	187	164	149	160	171	189	179
1891	1892	1893	1894	1895	1896	1897	1898	1899	1900
173	222	318	291	259	291	245	243	291	290

Antitoxin treatment was introduced in 1894. For a disease that is "conquered" these official figures have a queer look.—*Envoy*.

[This is always the result and always will be, when all cases of diphtheria or any other disease are treated with the same remedy irrespective of the individuality of the patient. "Homeopathy is not built that way." The remedy must first be proven on the healthy; then and only then can we know what it will do in diphtheria. ED.]

Typhoid Fever is little to be dreaded with the well selected homeopathic medicine, careful nursing, pure drinking water and a sole diet of Perfection Liquid Food.

The Eighth Post Graduate Course of Instruction in Orificial Surgery, by E. H. Pratt, M. D., will be held in the amphitheatre of the Chicago Homeopathic Medical College, corner Wood and York Streets, Chicago, during the week beginning with May 4, 1903, having a four hours' daily session.

Doctors invited to bring obstinate cases of every variety of chronic disease.

W. H. Leonard, M. D. of Minneapolis, was tendered a banquet and presented a loving cup in honor of his semi-centennial as a physician, by 76 physicians of the Northwest, without respect to "pathy." He graduated at Yale Feb. 27, 1853, located in Minneapolis in 1855; was surgeon of Fifth Minnesota for three years during the war, a messmate of Archbishop Ireland; was the first druggist in the city; became a homeopath in 1859 and is in active practice today.

Octavia Lewin, M. B., B. S., M. D., [Hering, 1900] read a paper entitled: "Cases Illustrating Constitutional Treatment," before the British Homeopathic Society. This was the first paper ever read by a lady member before the society, and it was listened to with marked interest by a good attendance of Fellows and members. Dr. Lewin de-

tailed some chronic cases under her care in which single doses of high potencies had been given with success. The chief feature of the paper was the meaning Dr. Lewin attached to the term "constitutional." She did not attempt to define it, but noted the characteristics of the patient as general features, and the disease manifestations as particular features, selecting the remedy more especially from the former, although not excluding the latter. This was the main point in an interesting discussion participated in by Drs. Dyce Brown, Clarke, Goldsbrough, Lambert, Dudgeon, Neatby, Day and Mr. Dudley Wright. Dr. Lewin closed the discussion and was heartily congratulated on her effort.—*Monthly Homoeopathic Review*.

Would that every homeopath could grasp this salient feature of Hahnemann's teaching, that it is in the characteristic, the constitutional or individual symptoms of acute as well as chronic diseases that the guiding symptoms are found. It is these that are so often helpful in the selection of the similimum, for they pertain to the patient not the disease.

The Supposed Infectivity of Desquamation in Scarlet Fever.—C. Killick Millard (*Lancet*, April 5, 1902) discusses the subject of the infectivity of desquamation in scarlet fever, and believes that there is not sufficient evidence at hand to justify the general opinion that the desquamated cuticle of scarlet fever is infectious *per se*. After consultation with numerous physicians connected with fever hospitals throughout England, he finds them quite uniformly agreed that:

1. They can adduce no evidence that the desquamating epithelium is *per se* a source of infection.
2. They consider that too much importance has been attached in the past to desquamation as a source of infection.
3. Their experience does not support the popular view that desquamation after scarlet fever is necessarily an indication that a patient is still infectious.
4. They believe that a patient may continue to desquamate for some time after he has ceased to be infectious.
5. They do not believe that it is necessary, in order to prevent the spread of infection, that patients who otherwise are quite ready to leave the hospital should be detained until every visible trace of desquamating epithelium has disappeared.

[We have found that thorough daily inunctions with warm olive oil or coca butter during period of desquamation, at least renders them immune from desquamative infection. We have never known this process contagious when thus treated. ED.]

THE MEDICAL ADVANCE

VOL. XLI.

CHICAGO, APRIL, 1903.

NUMBER 4

PASTEUR AND HIS INFLUENCE UPON THERAPEUTICS.*

BY DR. P. JOUSSET

Translated from *L'Art Medical* by Horace P. Holmes, M. D., Dietz, Wy.

LADIES AND GENTLEMEN:

About the middle of the century that has just closed, a young chemist of *l'Ecole Normale* attracted the attention of his rivals by his works upon crystallization. Later, when he had demonstrated that fermentation, until his time attributed to a sort of putrefaction, was not a work of death, but on the contrary a living act, the cause of which was due to a microscopic vegetable to which has been given the name of *microbe*; in presence of that grand discovery which decided in a luminous manner a problem until then unprofitably discussed by the greatest chemist, it was no longer attention he attracted, it was admiration. But when a little later still, applying his laboratory knowledge, Pasteur, for it is of him I speak, had found the treatment for the silk worm disease and through that saved one of the largest national industries; when one learned later that he had discovered the treatment of rabies, it was then an aureole of glory which crowned him.

Who then was Pasteur? What was his work?

Certainly one may say that Pasteur was a man of genius; one of those intelligences that sees what others do not see; that in the facts discerns relations, laws; and discovering, create, so to speak, new truths.

*A lecture delivered at the Catholic Institute, Paris, June 3, 1902.

But what has especially been the power of Pasteur, is that he had in his disposition a powerful instrument, an instrument which did not allow a failure in physical, chemical and biological sciences. That instrument was the *experimental method*. I know that Hippocrates said: *Experientia fallax*, experience is fallacious, but it was experimentation such as was then known. Since Claude Bernard, also an illustrious man of our century, fixed the conditions by which one recognizes an experiment as well made, we can no longer say: *Experientia fallax*, there is never an exception in the experimental method: when two experiments seem contradictory, it is because they were not made under the same conditions, and when one takes pains to determine the conditions of each experiment with care, the method always meets with the same verity: this is what Claude Bernard called *determinism*.

Therefore Pasteur, armed with that experimental method to which he has been constantly faithful, has had upon our therapeutics an enormous influence and which has never been had by any other physician. I commence by noting this, that Pasteur is one of the rare exceptions among savants, who never had a system, nor ever paused at an hypothesis. One speaks of the system of Pinel, of Broussais, of Hahnemann; one never speaks of the system of Pasteur; he had no system. When Pasteur set up an hypothesis, it was to verify it; it was true or false: and when it was true, it was no longer an hypothesis. There then is the man whose works we are to examine vis-a-vis with therapeutics.

I am obliged unfortunately to enter upon some explanation touching therapeutics. Today as the breath of materialistic doctrines has passed everywhere, the doctrines are nothing, the general ideas are ignored and almost scorned, so that, for therapeutics, we find no collection of doctrines, we find some things side by side with others, some of them true, the others false.

Without the school of Pasteur, one could not take up the question of knowing how maladies recover. You will

see immediately that thanks are due to the works of Pasteur that the mechanism of the recovery of diseases has been found. The physicians continually speak of *indication*, a word which sounds well in discourses, but the most of them do not know what an indication is, and certainly never use it. They are guided by a routine spirit, sometimes by inspiration, and then I weep for their patients. Many follow the fashion. Some years ago it was phenic acid, then it was antipyrin, then it was cacodylate, then more of the same thing. In fine it is these men whom Trousseau painted in a witty way: "They hasten to prescribe a remedy while it will cure, because tomorrow it may no longer cure."

Hippocrates formulated a constitution of therapeutics, and the examination of that therapeutics, such as was formulated by Hippocrates, will form an excellent groundwork for me to permit you to fix the terms of that science and to comprehend in what sense and to just what point Pasteur has influenced its progress.

The therapeutic constitution of Hippocrates comprised a general principle and a method. The principle was this: *nature cures the diseases, natura medicatrix*; the method: *the laws of indication*.

We will proceed to take up all questions in detail, to the end of giving them their true signification.

The grand therapeutic axiom of Hippocrates, an axiom which has been preserved up to the present day and which the works of the laboratory have exactly demonstrated in our day to be true, is that the organism cures the diseases. When a patient recovers, he recovers by an effort of the organism. That affirmation should be justified and established upon incontestable proofs; there is a clinical demonstration and there is a bacteriological demonstration.

The clinical proof is easy for the physician; there is not a physician who has not seen the gravest diseases—typhoid fever, cholera, plague, pneumonia—recover without the intervention of art, recover without the intervention of the physicians. If it were necessary to have a more complete demonstration, the Vienna physicians have furnished

us with it: they wished to know if pneumonia recovered of itself, and so treated the men a little as we treat guinea pigs: they placed their pneumonics upon mucilaginous drinks, without giving them any other treatment: they wished to see if they would recover and in what proportion they recovered. I blame that method, but, after all, that is not the question. The result of these experiments, made upon hundreds of patients, was that a large number of the patients affected with pneumonia absolutely recovered without any treatment. We have then the clinical demonstration of the truth of the axiom of Hippocrates: *natura mediatric*, the organism suffices to cure the disease, outside of any medicine.

I have said that we have, moreover, a bacteriological proof; it is this: if a pathogenic microbe penetrate the organism, the organism immediately puts itself on the defense; the lymphatic cells precipitate themselves before the microbe, they surround it, they prevent its advancing further, they absorb it, they digest it, they kill it, so that the demonstration of the effort of nature to cure the disease, exists in what is called *phagocytosis*, that is to say, the property which the living cells have of struggling against the enemy which comes from without, and of destroying it in order to prevent the disease.

From that idea which Hippocrates advanced of the disease and its mode of cure, the same idea as our own, and which is today generally accepted, especially since the works of which I am speaking, from that idea evolved the role of the physician.

According to Hippocrates, the physician is only the interpreter and minister, *minister at interpres*. It is evident that nature having a natural tendency to bring about the recovery, the physician can do but one thing: to aid that natural tendency; he is then the interpreter. In this sense he should comprehend and observe the symptoms, observe them with the science of the physician, comprehend them, rule them [*hierarchiser*], interpret them, in order to know which of them are those that announce the recovery, which

are dangerous, and to act according to that indication.

Indication? The ancients have given a definition of indication; I have often recalled it, because it is our code: *indication is an evident necessity for a determined action*. Remark, it has but few words, but it constitutes our rule of conduct. Then no surgeon has the right to do an operation, no physician to prescribe a heroic medicament, if he does not have an evident necessity for a determined action. He has no right to mix in this drama of life and death which passes before him, if he has not an evident reason for a determined action. Well, that law is not always observed.

There, then, is the law, the rule placed by Hippocrates upon indication. That law of indication is a general law and, as to the particular indications, Hippocrates divided the particular indication into two laws: the *law of contraries* and the *law of similars*. We will commence with the law of contraries, which is the easiest to comprehend, which every mind can easily grasp and the application of which is also very easy.

The law of contraries is expressed by the formula: *contraria contrariis curantur*, the contraries are cured by the contraries, and this is the very text of Hippocrates borrowed from Littre's translation: "Diseases are cured by their contraries; if one always knew the cause of the disease, he would be in a position to administer that which was useful, taking in the contraries for the indication of the remedy."

You see that Hippocrates did not speak contrary of the malady, which, moreover, would be an absurdity; the contrary of measles, is the absence of measles, the contrary of typhoid fever and of pneumonia, is the absence of the disease, it is not a medicament; it is the contrary of the cause that must be searched for; and it is precisely in comprehending that adage as Hippocrates has defined it, that one is in the truth if every time the contrary is addressed to a *known cause*.

"If one knows the cause", said Hippocrates. Well, when you know the cause, you are in the legitimacy of

your action, in applying the law of contraries, and you will immediately see it. The law of contraries applies naturally to surgery; when a bone is displaced, as in luxation, from whence comes the pain and impotency of the member? Because the bone has left its place: it is the cause of the affection; the cause is known, the surgeon replaces the bone in its place, the pain disappears, the movement returns. When one has swallowed a foreign body, so it is in the trachea, he is threatened with asphyxia; the cause is the foreign body; one knows the cause, it is not an hypothesis, it is not an imagination, it is there, you open the trachea, the body falls out, the patient is cured. If an artery is opened, it is the very same thing, the cause is the rupture or its wound, you tie the artery, the patient is cured. In surgery, the application of the law of contraries is easy, legitimate and always crowned with success.

The law of contraries is also applied in what we call palliative medicine, that which has for its aim the destruction of a symptom in particular and not a disease: for instance, insomnia, pain, high temperature in fevers, these are particular symptoms; now, in these cases, the contraries are legitimately applied. In pain, you give morphine which calms the pain; in insomnia you give chloral, because chloral produces sleep, in high temperature you well know they give cold baths which combats the symptom, it is true, but which does nothing for the disease. In vain you may have given the two hundred cold baths to a patient who had typhoid fever, that did not hinder the duration nor the accidents, and I add that the mortality is greater than by other methods, though the contrary is said. Well, you understand what is the law of contraries, you see the part in therapeutics where its application is legitimate.

It is not the same regarding the other law formulated by Hippocrates; that law has something paradoxical, and it has astonished all medical tradition. I will read to you the passage from Hippocrates, which is also from the translation of Littre, because if I read in his tongue I believe I would not be understood: "The disease is produced by

similar, and by the similar one uses the patient returns from disease to health; that which produces strangury when it is not, cures the strangury when it is; the cough, like the strangury is caused and removed by the same thing." Likes cure likes.

Well, there has been an enormous difficulty in the application of that formula. The law of contraries, it goes of itself, you know the cause, you remove the cause, *svblata causa, tollitur effectus*, the cause being removed, the patient is cured, but when, in disease of *internal cause* you do not know the cause and Hippocrates told you; that which produces the disease cures it. But what produces the disease? The formula of similitude, whose text has been given you by Hippocrates, is only applicable to the condition of knowing the action of medicaments upon the healthy man. Once (and you will see at what moment, in the sciences, that knowledge came to us) once we know the actions which medicines produce upon the healthy man, and we have there an ensemble, a certain number of *medical diseases*, if I may so speak, which resembles more or less the natural disease and which may be applied for the cure of the natural disease. But, to cure the strangury or the cough, it is necessary to know what produces the strangury and the cough. Now, Hippocrates knew little of these things; meanwhile he has given us a very remarkable clinical example; he treated cholera, which was like ours, by Veratrum, a remedy which also produces vomiting, diarrhea, cold sweats, and which, in a word, gives a picture of cholera, but with the exception of the example which I have cited, in all medical tradition one cannot find the application of the law of similars, because, I repeat, to apply the law of similars it is necessary to know the experimental *materia medica*, and they did not know it. Galen had spoken of the necessity of learning it, of studying the action of medicine upon the healthy person; but he acted in childishness; he took a remedy, dissolved it in water or oil and applied it to the skin; he observed what happened; well, nothing or nearly nothing happened! That is not a method.

In 1796 there appeared a little book of several pages, entitled: *Essay on a New Principle for Ascertaining the Curative Power of Drugs*.

The author completely discarded as a source of knowledge the action of remedies, what had until that time been admitted—color, taste, smell and form—he said these were sources which gave us no positive information; he moreover threw out the tradition and legend of the remedies, he even threw out the experience which had been acquired in giving a remedy to a sick person, because, said he, when a sick person receives a remedy, the action of the remedy is not pure, an experimental action, that action is hindered, changed by the action of the disease; and he formulated the rule that, in order to know the positive action of remedies, it is necessary to try them upon the healthy; and he not only said it, but he put it in practice. And some years after, he gave us the history of twenty-six remedies proved upon the healthy person.

That man, you know, was Hahnemann.

It is certain, on the other hand, that the experience from remedies upon the healthy person can be applied only in a certain measure. However devoted one may be to science, one does not wish to take arsenic to the fatal point. Hahnemann has therefore given other sources of information of these remedies: such as accidental or criminal poisonings which furnish us with a considerable quantity of facts upon the action of the remedies: then those which we call the unhealthy professions: people who work in lead, mercury and copper. Well, the observation of all these facts has produced an ensemble of information which permits us today to constitute the history of more than one hundred and fifty remedies. That history is composed of symptoms on the one hand and lesions on the other. These symptoms and these lesions mingle together in a certain manner and really constitute, by analogy, the *drug disease*. For instance, a person lead poisoned, poisoned by lead in a chronic manner, resembles a sick person; only the cause of that disease is poisoning by lead. Now, with that method

of studying the remedies upon the healthy, we reach that stage where we are able to apply the law formulated by Hippocrates: *Similia similibus curantur*.

Hahnemann added another condition, which was, that to apply these remedies they must be attenuated. It is certain that if you would treat a vomiting by an emetic, it must not be given in a large dose. In that same book which appeared in 1796, he said textually that while one must give the remedy in a dose sufficient to act, one must give a dose large enough to hinder the march of the disease.

I have dwelt a long time upon these preliminaries, but it is difficult to speak of Pasteur, to judge of what he has done, if the terms: *contraria contrariis*, prophylactic and palliative medicine, were unknown to you and did not have a precise signification. I have endeavored to fully determine their signification.

The first works of Pasteur have been governed precisely by the law of contraries applied to surgery and obstetrics, and his intervention has been such a useful thing that no words can express what we owe the man.

He began with surgery. He discovered that the accidents to surgical patients and to lying in women were caused by a pyogenic microbe, a pus making microbe, there are several species of them: *staphylococcus* and *streptococcus*, of little consequence at this moment. He said: If I can prevent the entrance of the microbe into the economy, by virtue of the law of contraries, there will be no accident. That is his thesis. And these are the terms in which he expressed himself before the surgeons. He had shown how certain microbes multiplied with excessive rapidity in the bodies of animals, and then, continuing his talk a propos of operations, he said:

"That water, that sponge, that charpie (they used charpie in those days) with which you wash and cover a wound, deposit germs there which, you see, have an extreme facility of propagating in the tissues and which infallibly bring about the death of the surgical patient in a very short

time, if her vitality does not resist the multiplication of these germs.

"But alas! how many times that vital resistance is powerless, how many times the constitution of the wounded, his weakness, his moral condition, and the bad condition of the dressings only oppose an insufficient barrier to the invasion of these infinite little things with which you have covered it, unknown to you, in the injured part. If I had the honor of being a surgeon, convinced, as I am, of the dangers to which the germs of the microbes, spread upon the surface, expose all the objects particularly in the hospitals, not only would I use only instruments of perfect condition, but, after having washed my hands with the greatest care, and submitted them to a quick passing through flames I would employ only the charpie, bandages and sponges previously exposed to an air of 130 to 160, and I would never use water except when it had been submitted to a temperature of 140 to 150 (in a word, sterilized things, as we say today). All that is very practical, by such means, I would have to fear only the germs in suspension in the air; but observation shows us each day that the number of these germs is insignificant, so to speak, compared with those scattered in the dust, on the surface of objects or in the purest common waters."

Well, if you add to these words, the action of perfectly cleansing the field of operation, you have all the technique of modern surgery, you have constituted asepsis. You see that it properly belongs to Pasteur.

The lying-in women are but patients who have been operated upon (*opérées*).^{*} Well, some time later, at the Academie—and I will again read you a passage because it is so striking—at the Academie, they discussed, or rather digressed upon the causes of puerperal fever. Pasteur interrupted from his seat, and re-

^{*} It would be well to have a word in English that would signify a person upon whom a surgical operation has been performed. The French term them *opérées*. The English language is deficient in many other terms to signify patients suffering from certain diseases which are aptly termed by the French.

marked that he (Pasteur) was a timid man and that he never spoke unless he was sure, but, when he was sure, there was timidity no longer. He interrupted from his seat: "This is what is the cause of the epidemic and it is nothing else. It is the physician and his personnel that carries the microbe from a sick woman to a healthy woman," and as the orator replied that he feared they would never find this microbe, Pasteur sprang to the black picture drawing of the streptococcus and said: "Hold! there is its picture." The discourse was not long, but the words almost instantly converted all the accoucheurs. That delineation was certainly true, in the very midst of the digressions upon the hypothesis of ill ventilation, putrid emanations (*encombrement*)† and all the things to which we had formerly attributed it.

This then is what Pasteur did from the standpoint of surgical prophylaxis. You already see that, really, had he done only that, he would have been a very famous man.

How many wounded and surgical patients succumbed to pyemia! You remember, in 1870, all the wounded died. I have seen, in the hospitals, before Pasteur's time, moments when one dared not perform a surgical operation: the surgeons kept their bistouries in their pockets: every time one did an operation, little as it might be, the patient died. In the Maternité, there was only one way to stop the mortality, that was to close the hospital. Today, when a wounded person dies, when a lying-in woman dies, it is because there has been an error in asepsis. No one is free from making it but one should not make it.

Then Pasteur touched upon medicine; and though this is perhaps less dazzling than his action on surgery, from the scientific point of view it is much finer; and you will

†There is no single equivalent in English for *encombrement*. It means the air to be found in an old fashioned hospital which was crowded by ill-smelling patients' effluvia arising from pus spilled on the floor, from suppurating wounds, the odor from bad lights, the mental influences from unpleasant sights of suffering and death, the infections of typhoid and erysipelas, gangrene and hospital putridity. Such is the meaning of *encombrement* and it might be adopted in our English for there are still sick rooms to which it applies.

see immediately that the results of his practices are equally very valuable.

He set about now to prevent the diseases of internal cause, as they had prevented surgical affections. Let us follow Pasteur into his laboratory.

Pasteur having found and isolated the pathogenic microbe of chicken cholera (I am sorry that it was chicken cholera and not a disease that you are acquainted with, but in short the chickens are sick). Pasteur having found and isolated the pathogenic microbe of chicken cholera and fixed upon a bouillon culture appropriate to the life of that microbe, certainly transmitted the disease, not only to chickens but to animals which, as the rabbit, were sensitive to this microbe. In the midst of these labors, a chance occurrence as may come to those who have the genius of observation, was soon to mark an immense progress and to prepare a grand discovery. Pasteur having inoculated some fowls with an old culture several weeks of age was very much surprised to see that the inoculated fowl was sick but did not succumb. He then (and here is where the genius showed) thought of inoculating these fowls with a young, active, assuredly fatal culture. The fowls resisted it; the fowls were vaccinated, immunised. Pasteur had discovered a new thing, a means of immunising, of vaccinating against diseases. Well, it was from that first experiment flowed the principle which has led to the discovery of immunisation for tetanus, for rabies, for diphtheria, for yellow fever, and perhaps for typhoid fever. You see that this man of genius found all this in a little thing. He inoculated these fowls with an old culture; that made them sick: they were vaccinated; he inoculated them with an active culture and they resisted it; he had found immunisation! To me, a physician, that was the grandest discovery that had ever been made. Well, I ask of you now the permission of insisting a little upon that discovery. Thus, on the one hand, Pasteur employed, for curing and immunising (we will see at once that to cure and to immunise is the same thing), the microbe which had produced the disease; he ap

plied the law of similars, absolutely according to Hippocrates; but, moreover, it was necessary that the microbe or its culture be attenuated, for, without that, it would not vaccinate, it would kill. On the one hand, then, he applied the law of similars, like Hippocrates, and he applied the attenuation, like Hahnemann. How will you name that kind of therapeutics? Perhaps the prejudice of old passions will impose silence upon you; but truth and justice gives it a name; that system of therapeutics is called Homeopathy, it has no other name.

Now I tell you that immunity and cure are two phenomena of the same order. From the first immunity is a changing in the state of the body; it is nothing else. When you vaccinate either with the old vaccine of Jenner, or with the vaccine of Pasteur, it is not the vaccine which remains in the body which battles against the disease. No. The subject is only effectively vaccinated the fourteenth day, when all the vaccinating substance has been eliminated. It is not then the vaccine substance which you have placed that remains in the body, I repeat, to struggle against the disease. The vaccine produces a change in the organism; it brings about a modification and that modification lasts when it is no longer there. It lasts a greater or less length of time. There are cases where it lasts throughout life, there are cases where it lasts only a month. Unfortunately, for the plague, it lasts only fifteen days. That is not enough. So immunisation consists of a change in the constitution; the disease consists also of a change in the constitution; it is a comparable fact, but moreover, in the case of disease by pathogenic microbes, it is the phagocytes which bring about recovery, as also, in immunisation, it is the phagocytes which struggle and prevent the vaccinated, immunised organism from being newly attacked by the disease.

Finally, if one wishes a nearer resemblance, frequently, not always, but frequently it is the same serum which both vaccinates and cures. In diphtheria, it is Roux's serum which vaccinates and cures; in the plague, it is the same

serum; in yellow fever also. In tetanus, it is not the same, but at any rate there are cases where it is the same serum which cures and preserves.

Well, let us review a little what I have told you. The work of Pasteur is divided into two grand parts: the practical results and the doctrinal results. In practice, you have seen, Pasteur has rendered surgery inoffensive, he has suppressed the accidents of the wounded, of the operations and of the puerperal state, the accidents which were killing a large number of people. Now, as for the diseases of internal cause, which are not surgical, the practice drawn from the teachings of Pasteur and his pupils have brought about a great diminution, not to say the complete disappearance of the infectious diseases. You know, the plague has already come twice to Glasgow, and it has been circumscribed. A hundred years ago, when it came to a city, all the inhabitants were seized, it developed an epidemic there. Today it does not develop. You will tell me that this is not the case in India, but that is a country where one can apply neither vaccination, disinfection nor isolation; but in the civilized countries where one can apply the technique of the methods given by the school of Pasteur, in these countries, today, the plague does not develop. The cholera itself, since a certain time, has made its appearance in France several times, but it has always been localized in certain regions, in certain villages, in certain localities; it has not spread as it formerly did. Typhoid fever is decreasing in the countries where they have been able to furnish pure drinking water, spring water. Waters, which have not been contaminated. Well! the typhoid fever has almost disappeared; and if, in Paris, it still reappears, it is because our waters are not well taken care of. It is possible, I do not say surely, but it is possible that, if we have pure waters, typhoid fever will disappear. It has returned for several years, because the waters from our springs have been contaminated. At any rate, if the typhoid fever has not been annihilated and has not disappeared, it has been considerably diminished. I have spoken to you of the cholera and

the plague—well, the yellow fever, in the countries of South America, has also been greatly limited by vaccination, which has been practiced by Sanarelli, a pupil of Pasteur.

Concerning the doctrinal influence of Pasteur, it may be summed up thus; he has, more than anyone, given to these two laws of therapeutic indication, the law of contraries and the law of similars, their legitimate place; he has given it to them with an authority that no one else before him had done, because the clinical authority is nothing compared with the authority of the laboratory. A laboratory fact has an authority that cannot be contested, because every one may repeat it; it always repeats itself in the same manner. When one gives you a proof from the laboratory, it is a certain proof, while the clinical proof is always a contestable one. Well, it is on account of the intervention of Pasteur that the fixing the value and the legitimate place of the two laws of contraries and of similars has been efficacious and decisive.

We should be able today then to repeat that axiom of Bouchard, the desideratum which he named and which is no less a desideratum today: "To know what one does and why he does it, that is perfection in therapeutics." Well, when I apply the law of contraries, in a case where there is a seizable cause, in surgery and in palliative medicine, I know what I am doing, and I know why I do it. When I apply the law of similars in a case where one cannot seize the cause, but when I apply a remedy known through its experiments upon the healthy man, I know what I am doing, I know the value of the instrument I am handling, and I know what it will produce. Moreover, I know why I do it, because not only the clinic but the laboratory has demonstrated to me that similars cure similars; and if, in the mouth of Hippocrates, that seemed a dazzling and paradoxical assertion, in the mouth of Pasteur, it is no longer so. It is rabies which cures rabies, cholera which cures cholera, diphtheria which cures diphtheria and typhoid fever which cures typhoid fever: the similars cure the similars. Therefore, now, in

applying therapeutics rendered so clear and positive by Pasteur, I know what I am doing and why I do it.

En resume, the therapeutics which I have explained to you a propos of Pasteur, was, in the past, the therapeutics of Hippocrates; in the present, the therapeutics of Pasteur, the therapeutics of the laboratories, positive therapeutics; well! I hope that, in the future, this will be the therapeutics of all physicians who really wish to take experimental therapeutics for their guide.

(Long and repeated applause).

Typhoid Antitoxin is the latest fever serum, invented or discovered by Dr. Allen Macfayden Director of the Institute of Preventive Medicine, London, and indorsed by no less a celebrity than Lord Lister. Why is it that each serum needs an endorser? Why not let it stand on its merits? Why need an indorser?

The discovery consists in crushing the cells of the typhoid bacillus in liquid air, thus the intercellular contents are not only obtained without living organisms, but are also rendered highly toxic. When injected into living animals, these fluids produce a blood serum which acts as an antidote against the poison generated by the typhoid bacillus. The only novel feature of the process is the use of liquid air. May it not affect the bacillus or the quality of the serum? However it is not ours to worry over.

To remove foreign bodies from the ear it is recommended to diy a camel' hair brush in glue and ollow it to remain in contact with the body for a time, or until it dries. Then a gentle pull upon the bruch will remove the whole thing.—*Canadian Practician.*

CHELIDONIUM MAJUS IN SEROUS EFFUSION.

BY DR. WM. L. SMITH, Denison, Texas.

I learned at college that *Chelidonium maj.* was a liver remedy; that its special indication was a pain under the right scapula, with many general symptoms of congestion, jaundice, soreness, and pain in right hypochondrium, all the way from a slight soreness to a sharp stab.

Burnett in his monograph on diseases of the liver says it is especially adapted to enlargements in the perpendicular diameter, and I have heard somewhere that it is especially suited to blondes in contradistinction to *Nux vomica* and *Bryonia* which have many symptoms in common. My first experience with it was in a case of pleuro-pneumonia in a girl aged thirteen. It began with a chill, temperature rose to 104, diagnosed pneumonia by allopathic attendants, who informed parents that she was doomed for a very severe attack of two weeks or more duration. Was called on the fourth day, but patient being twenty-five miles distant could not go until the next day. Found her a light blonde, cheeks flushed vermillion red, temperature 104, just beginning to cough and expectorate blood streaked sputa; pain so severe would cry when coughing; conjunctiva yellow; much soreness in the region of the liver; some effusion in the right pleural cavity.

Attendant met me at the case: had given a free course of calomel and was administering quinine to reduce temperature.

What did I think of the case and what would I advise? Thought the case bad enough and recommended *Chelidonium* 3x the only potency I had with me.

Was That all? Yes.

Nothing stronger for the liver? No.

Nothing else to reduce the temperature? No

*Read at Texas State Society, Oct 1902.

Nothing else to relieve the painful cough? No.

All right he would concur with my prescription and watch the progress with pleasure and report the same to me. He called next morning, found patient much more comfortable, temperature 101; requested settlement and left the case to me, or rather to Chelidonium.

My next experience with Chelidonium was about two years ago. While in Sherman Dr. E. C. Johnson invited me to see a case of entero-colitis in a child about ten months old, which had resisted his best efforts for several days, but what distressed the parents most was an immense hydrocele which had been present for some time previous to the entero-colitis. They were confident that the doctor could cure the entero-colitis but interrogated me very direct about the hydrocele. Could it be cured without an operation. I told them I thought Dr. Johnson could cure it. (I dared not to assume to say so much for myself.)

Returning home and reviewing the subject of hydrocele I found in the *Hahnemannian Monthly* for 1891, page 231, an article by R. H. Gosh, M. D., of Calcutta, India, on Chelidonium majus and hydrocele in which he reported 22 cases with decided success in 17, five having escaped his observation. In conclusion he says: "My personal observation and study of these cases have led me to the conclusion that Chelidonium is useful in cases of hydrocele complicated by gonorrhea and subsequent urinary troubles and affection of the liver proceeding from indulgence in alcoholic drinks, characterized by stitching, tensive pain about the liver of an intermittent character, the liver feeling hard and contracted like a stone with cutting pain in the umbilical region, which comes on when the bowels remain constipated. That it acts better and more promptly in the lower potencies, and from the very good results I got from its use in two cases of drunkards suffering from cirrhosis of the liver and consequent dropsy I am inclined to believe it may be of great service in that malady also." And in conclusion refers to a contribution in the *Medical Advance* for 1890, Vol. 24, page 135, by Dr. S. Lilienthal, of San Francisco, on Chelidonium

in surgical diseases and rejoices to have his supporter in the person of such an authority to his statement that hydrocele is curable by Chelidonium though his cures are reported with higher potencies.

I wrote Dr. Johnson the report of this paper and suggested that when the bowel trouble was controlled Chelidonium would be worthy of consideration for the hydrocele. There being no improvement in the case he prescribed the Chelidonium at once, followed by a prompt relief of the entero-colitis and a complete cure of the hydrocele.

Shortly after this case, he was called to a case of general anasarca in a child, the sequence of scarlet fever and as described by the doctor was a "sight to behold." After using other remedies to no effect, he prescribed Chelidonium 200 with the result that the child wet the bed ten or twelve times the first night and a complete cure effected. He promised me the notes on those cases but failed to furnish them so I give them from memory as he gave them to me.

A few weeks ago I was requested to see and palliate if possible a hopeless case of ascites, in which the attending physician, who was also attending a case of typhoid fever in the same family, refused to even prescribe for palliation. The child was eight years old, had been ailing for about one year, dropsical for 16 weeks, legs swollen till skin on both had burst, abdomen distended to utmost limit, thorax filling up with effusion till could only breathe for last four days by hooking arms up over arms of chair; skin dark, slightly jaundiced; no appetite or craving for anything excepting wet mud or mortar, which previous attendant had forbidden her to eat, yet she begged for and insisted on smelling it. Prescribed Chelidonium drop doses every hour. In six hours kidneys began to operate, also the bowels. Took arms down from the top of the chair, went to sleep and slept for the next twelve hours, only awaking every couple of hours when the kidneys and bowels would operate. The dropsical effusion continued to subside till on the third night she was able to lie on the bed and sleep for a couple of hours; bowels continued

to run till parents became alarmed and were persuaded to give her a dose of laudanum which checked them and also checked the action of the kidneys; disorganization soon set in and death closed the scene.

Bryonia has won great distinction and has been christened the homeopathic aspirator; may there not be others worthy of the name.

TRANSACTIONS OF CENTRAL NEW YORK SOCIETY.

ROCHESTER; June 12th, 1902.

Meeting was called to order by President E. P. Hussey, M. D. Present, Drs. Gwynn, Tretton, Hoard, Graham, Grant, Ross, Hermance and Thompson. Visitor, Dr. C. T. Graham.

The president requested Dr. Grant to act as secretary. The minutes of the last meeting were read and approved. § VI. of the Organon was read.

ORGANON § VI.

"The unprejudiced observer—well aware of the futility of transcendental speculations which can receive no confirmation from experience—be his powers of penetration ever so great, takes note of nothing in every individual disease except the changes in the health of the body and of the mind (*morbid phenomena, accidents, symptoms*), which can be perceived externally by means of the senses; that is to say, he notices only the deviations from the former healthy state of the now diseased individual, which are felt by the patient himself, remarked by those around him and observed by the physician. All these perceptible signs represent the disease in its whole extent, that is, together they form the true and only conceivable portrait of the disease." —(Dudgeon's translation.)

This section of the Organon, as it portrays the thought of the author, seems to a homeopath to give marked evidence of a master mind. It describes in the most comprehensive manner that which is to be "observed" in each case

of sickness, as well as the *kind* of physician best qualified to make such observation.

"The unprejudiced observer," — here Wesselhoeft's translation inserts a clause, which combined with the foregoing makes as complete a description of the true homeopathic physician as could be framed in so many words: i. e., "The unprejudiced observer, though of unequalled sagacity." Where find a term with more meaning? What is implied in the word "unprejudiced" as it occurs in this paragraph? Is it possible to tell the far reaching effect "prejudice" exerts in deciding the method that shall be employed in the treatment of the sick? Times without number it has been to the disadvantage of the patient. It means much to be "unprejudiced", one should not hold to an opinion that certain remedies, or potencies are ineffectual, until a trial proves them so. The mind of an "unprejudiced" physician is left open for the reception of facts, even when, at times, those facts seem too strange to be believed: i.e. if he expects to practice Homeopathy to the best advantage; but, if he is to practice any other method it will make less difference, as other methods are made up of "prejudices."

To quote at length of this "unprejudiced," "sagacious" physician, who "well aware of the futility of transcendental speculations which can receive no confirmation from experience—be his powers of penetration ever so great;" that is to say: that although possessing the brightest intellect, he can not by any process of mental calculation arrive at a definite conclusion, form a basis whereby he can successfully treat cases of sickness, or receive help in this direction except as his efforts are in accord with the homeopathic law.

Hahnemann did not wish to be understood that it was not desirable for a physician to have experience, or a high degree of intelligence, for both are necessary, but he desired to make clear that each particular case of sickness must be investigated by itself; that experience in the successful treatment of one case would not be useful in applying the same treatment in a case having a disease of like nature; this may be illustrated by the experience of a lay-

man who nursed some cases of smallpox at the isolation hospital in Auburn a short time ago.

The old school physician, put in charge of the cases, knew little of the disease, and acknowledged that fact in the beginning of his work. The layman who nursed some of the first cases thought that the doctor should have gained, through his early experience, help for treatment of the later cases.

Of course the above mentioned physician could not gain this help except by such observation as is set forth in section four. He then must treat each case as though it was the only case of the kind in existence, examine each case for morbid signs and symptoms, and for all deviations from its former healthy state, finally covering this condition with a remedy that has produced similar activities, as observed through the provings in the homeopathic materia medica. These deviations may have been "felt by the patient, remarked by those around him and observed by the physician. All these perceptible signs represent the disease in its whole extent, that is, together they form the true and only conceivable portrait of the disease". It would seem to me that the author uses such expressive language in this sentence that the text fully explains itself.

Auburn, June 1902.

CHARLES H. BRESEE.

Dr. Gwynn commended the paper, as did Dr. Hoard who thinks the elimination of prejudice one of the most difficult things with which a physician has to contend.

Dr. Graham moved the society extend the secretary its sympathy for her in her sickness, sincere regret at her absence and appreciation of her long and valuable services for this society.

Dr. E. P. Hussey read a paper on "The Amalgamation of the Medical Schools," (already published.)

Dr. Graham.—"There is at least one lamb that will not lie down inside of this particular lion."

Dr. Johnson said that when they (the old school) are willing to meet Homeopathy half way homeopaths may

be willing to join in a society that is open to all, for free and unprejudiced discussion and action.

The society adjourned to meet in Syracuse in September.

R. C. GRANT, Sec. pro tem.

AMALGAM POISONING.

BY G. F. THORNHILL, M. D., Paris, Texas.

Mrs. D. S. H., aged 46, has had ulcers in her mouth for twenty years. Been under homeopathic, allopathic and eclectic treatment. Tried everything she says, with only slight amelioration.

Some of her symptoms were:

Ulcers so large and thick in her mouth extending down throat; she could eat nothing but liquids for weeks at a time.

Tongue shows flabby imprints of teeth.

Metallic taste.

Horrid breath, very offensive for years.

Profuse salivation < at night.

Complexion sallow; jaundiced.

Restless nights; dreamful sleep.

Irritable and very nervous.

I told her she was suffering from amalgam poisoning and she must have every amalgam filling removed if she expected to get well. She said it would cost her \$100, but "I have enough confidence in your advice to try it."

Her dentist hooted at the idea. Said it was an useless expenditure of money. Before he finished the work however, he said he believed the mercurial fillings were the seat of her trouble. Every filling was removed in June and July last. Her mouth healed promptly, only one or two small ulcers returned since, and each responded promptly to Mercurius cm. Her health has improved in every way. Says she would not have those amalgam fillings back for \$500. She said "Why is it that during all these years of

suffering no one ever even hinted that I was suffering from amalgam poisoning?" If any doubting "Thomas" should have a typical case and will promptly remove this cause he will not only be convinced, but make an everlasting friend of his patient. I always have these fillings removed—if I can.

THE REPETITION OF THE REMEDY.

DR. J. FITZ-MATTHEW, West Sound, Washington.

No fixed rule can be made either for the repetition or change of the remedy. When improvement is checked, not waiting the exhaustion of medicinal action—who can say when that period is reached—and the same symptoms are present, it is proper to repeat the remedy again and again so long as any advantage is obtained from it. If the symptoms become more intense without changing their character it may be regarded as an aggravation, and then the reaction must be awaited, or checked if too strong; but no aggravation of this kind can limit the curative range of the remedy. By care we can avoid such aggravation, however. Such is my experience of many years' practice in which I have verified the truth of §§ 246 and 247 of the Organon. I am surprised at any Hahnemannian having the hardihood to apply the term "whim," or suggest senility in referring to those sections. Our great master was oracular, and exactly in proportion. If we depart from the principles laid down in the Organon we shall be found wanting in our practice.

A CASE FROM PRACTICE.

Persistent Diarrhea.—Mrs. V., age 75. Diarrhea for three months. Stools now eight a day; no appetite and food eaten is passed undigested; very weak and apparently failing rapidly.

Symptoms: Vesicles and soreness in the mouth and on edges of tongue.

Sensation as of a lump in the throat.

Herpetic eruption on genital region, itching and burning soreness there.

Stools liquid, brought on or < by movement. Natrum mur. 200 (Dunham) two doses two hours apart.

Very favorable action and general improvement for some days, Stools three to four daily.

Mouth soreness and genital irritation much relieved. Natrum mur. 900 (Fincke) one dose.

After a few days, better in every way but lump in throat (sen) remains, and stools still three or four daily. The following symptoms now presented:

Accumulation of watery mucus in mouth.

Stool comes on quick in early morning.

Feet burning hot last night. Sulphur 200. Repeated twice after at intervals. Patient completely relieved and well ever since; very plain sailing in this case but should be interesting to the young ones.

THE PHYSICIAN THE BEST PROVER.

SAMUEL C. F. HAHNEMANN, M. D.

ORGANON. §141. But the best provings of the pure effects of simple medicines in altering the human health and of the artificial diseases and symptoms they are capable of developing in the healthy individual, are those which the healthy unprejudiced and sensitive *physician institutes on himself* with all the caution and care here enjoined. He knows with the greatest certainty the things he has experienced in his own person.

Those trials made by the physician on himself have for him other and inestimable advantages. In the first place, the great truth that the medicinal virtue of all drugs, whereon depend their curative power, lies in the changes of health he has himself undergone from the medicines he has proved, and the morbid states he has himself experienced from them, becomes for him an incontrovertible fact. Again by such noteworthy observations on himself he will be brought to understand his own sensations, his mode of thinking and his disposition (the foundation of all true wisdom), and he will also be trained to be, what every physician

ought to be, a good observer. All our observations on others are not nearly so interesting as those made on ourselves. The observer of others must always dread lest the experimenter did not feel exactly what he said, or lest he did not describe his sensations with the most appropriate expressions. He must always remain in doubt whether he has not been deceived, at least to some extent. These obstacles to the knowledge of truth, which can never be thoroughly surmounted in our investigations of the artificial morbid symptoms that occur in others from the ingestion of medicine, cease entirely when we make the trials on ourselves. He who makes these trials on himself knows for certain what he has felt, and each trial is a new inducement for him to investigate the power of other medicines. He thus becomes more and more practised in the art of observing, of such importance to the physician, by continuing to observe himself, the one on whom he can most rely and who will never deceive him; and this he will do all the more zealously as these experiments on himself promise to give him a reliable knowledge the true value and significance of the instruments of cure that are still to a great degree unknown to our art. Let it not be imagined that such slight indispositions caused by taking medicines for the purpose of proving them can be in the main injurious to health. Experience shows, on the contrary, that the organism of the prover becomes, by these frequent attacks on his health, all the more expert in repelling all external influences inimical to his frame and all artificial and natural morbid noxious agents, and becomes more hardened to resist everything of an injurious character, by means of these moderate experiments on his own person with medicines. His health becomes more unalterable; he becomes more robust, as all experience shows.

[“If you want a thing done well, do it yourself” is an old saying, but in nothing more true than in drug proving. Hahnemann and his colleagues were compelled to do it in order to have a working armamentarium. Yet there are many valuable remedies, polychrests perhaps, waiting for the prover; many a diamond in the rough that when polished may become a star of the first magnitude. Besides Hahnemann assures us, and it has been the experience of every prover, that the health of the prover “becomes more robust” by drug testing. Let us have a revival in original work. ED.]

A CRUMB FROM OUR WORKSHOP. A PSORINUM VERIFICATION.

BY H. A. WHITFIELD, M. D. Garden City, Kansas.

Sometimes we feel shamed in secret that while we read and absorb the good things from the profession we never throw a crumb from our own work shop into the basket; we realize often that rare gems of priceless worth are carelessly lost or thrown away, that would be most helpful to our fellow laborers. I am greatly indebted to the Medical Journals for their fresh and invigorating thought, and yet, I love to take the materia medica and dig out something for myself. I love to be independent in my dependence, for it pays.

In October was called to attend a lady of 32, married, the mother of one child two years old. The lady was taken with symptoms of so-called mountain fever, and had been confined to the bed five days when I was called; temperature for the three succeeding days ranged from $102\frac{3}{4}$ to $103\frac{1}{4}$; pulse 90 to 100.

Severe headaches, severe dorsal pains, with painful spasms in heavy muscles of lower limbs.

Severe and continuous abdominal pains and especially in pelvic cavity.

Constipation, tongue heavily coated white; offensive breath; continued thirst. About the third day a more complete history of the case was given me much to the patient's regret. The case really was one of instrumental abortion, with pelvic peritonitis.

Mentally, she had great fear and was very restless: Aconite was the leading remedy. Belladonna benefitted many of her symptoms. The one remedy was given and in the 30 potency.

Later as convalescence ensued, each night about six o'clock she would become restless and would break out in

profuse icy cold sweat, that was very exhausting and continued all night when she would frequently exclaim "I can not stand it, I shall die, I shall die." And the next afternoon would be filled with fears of the oncoming sweat and icy chilliness. Any amount of external heat, while it was welcome, gave only temporary relief.

I studied her symptoms carefully and prescribed what seemed to be indicated remedies, still there would come stealing over her at 6 P. M. that awful coldness preceded by great mental anguish and fear that each attack would be her death.

After much bedside study one day I noticed a peculiar offensive odor and in asking the nurse if she had noticed any special odor by day or night? she says; "Yes!" and the patient said "Yes doctor, the first I noticed of the cold, copious sweat was a foul taste and a very offensive odor to my hands and the perspiration of my body." And a new light came into the Doctors eye, and joy came into his heart as he reached down in his case and drew out a vial of Psorinum dmm. and gave *one dose* dry on the tongue, and in a glass with 12 teaspoonfuls of water, I put placebo with strict injunction to give six teaspoonfuls one half hour apart, saying "at the end of that time she would go to sleep." My instructions were followed and she slept sweetly through the night. She had her old fear the next night, but slept well; each night the sweat fading and its seance shorter.

This treatment lasted about one week, during which time she had one other dose of Psorinum and plenty of placebo. The doctor got great credit, but I referred the success to pure Homeopathy.

LAC CANINUM: A SINGLE DOSE.

BY W. L. FREEMAN, Toledo, Washington.

More than one year ago I was called to attend a man suffering from a severe attack of tonsilitis which he in-

formed me had troubled him every winter for several years; that he was sure to suffer if he shaved his face and neck. He said it acts queer. It will change sides often. He gave a clear picture of Lac Can. one dose of which in cm potency cured and no trouble since. He can shave now and often talks of the one dose doing such wonderful work. He said he felt better in one *hour* and was well in twenty-four. So much for the single dose when remedy is indicated.

Had another case soon after, calling for the same remedy which was given in cm. potency and cured inflammatory rheumatism in 48 hours, only one dose required. Pain stopped in two hours entirely, and a rapid cure made which convinced the family that there was some virtue in the small dose of "sugar pills". Lac Caninum is a wonderful remedy and will do the work no other remedy can do.

MODERN VACCINATION BY HOMEOPATHIC METHODS.

Dr. Bresee in His own Defense.

AUBURN, N. Y., June 3rd, 1902.

Editor of the *Auburn Daily Advertiser*:—

In justice to myself I ask the favor of space in your paper to state my position, and to relieve the impression that fraud had been practiced, (as was strongly implied in an article that appeared in the *Advertiser* of May 27), by giving certificates of vaccination, without inoculating the subject. I will say that I vaccinated the fellows from Dunn & McCarthy's factory, in the manner stated in the above mentioned article, and gave them certificates, which was in accord with the homeopathic school of medicine, also in full compliance with the law regarding vaccination. The state of New York by its laws enacted, allows the treatment of small-pox itself by homeopathic remedies, therefore, they, the laws, cannot abridge the right to use homeopathic protection against small pox. It is easy to understand that facts of this nature would astonish and surprise the public in general. That there is something that will take the place

of bovine virus as a protection from small-pox, will be welcomed by many people. You are aware that this is an age of progress and improvement. What a short time ago did we think it an impossibility that an ocean steamer a hundred miles from land could send messages ashore by wireless telegraphy.

Homeopathic protection from small-pox is older but none the less wonderful; scientific facts always astonish us. Next to the cure of the sick the highest duty of the physician is to prevent sickness, whether it be small-pox, pneumonia, tuberculosis or typhoid fever, and there is no method by which susceptibility can be so surely and at the same time so safely eradicated, as by the homeopathic law which is universal in its applicability. All diseases whether contagious or infectious come within its benign yet effective scope. If our friends of the other schools do not know how to use it, or if they shut their eyes to scientific progress and decline to investigate it, there is no reason why we should abandon our law and return to the crude, unsafe and uncertain methods of a century ago. Vaccination without inoculation. Is it possible? I have so declared when I gave him a certificate. How it is possible, will be answered as follows. The Standard Dictionary defines vaccination as inoculation with the attenuated or modified virus of a disease, to produce a mild form of it and so prevent a virulent attack; or specifically and originally, inoculation with cow-pox as a prevention of small-pox. The state law is not fulfilled by the act of introducing the vaccine virus into the system through an abraded surface of the skin, this is simply a means to an end. The person so acted upon is not vaccinated (as the law implies) until such a time occurs when the virus, so introduced shall have acted in such a manner as to protect the individual from the contagion of small-pox. Therefore vaccination means protection from small-pox instead of the act of inoculation as is popularly supposed. Inoculation (as defined) is the insertion of the virus of a particular disease into the system through the skin. This is one of the ways vaccination may be accomplished if it is

possible to bring everything connected with the act, into proper relation with each other, that is to say, the active principle of the virus inoculated, and the vital force of the individual must be in tune with each other, or the desired end will not be accomplished. Attenuation 1st, The state of being attenuated. 2d, The process of preparing homeopathic remedies by repeated dilution. 3rd, The lessening of the virulence of an infectious virus, by inoculation. (Standard Dictionary.) Now we come to the comparison and difference between the two methods whereby vaccination may be accomplished. Their likeness consists of the introduction into the system of a small quantity of the attenuated morbid principle. The attenuation of bovine virus is done by inoculating the calf and after a certain period of time the product of the sore is obtained and introduced into the system through an abrasion of the skin; a dose altogether too poisonous and too disgusting to be taken in any other manner, followed by an amount of suffering occasioned by the "working" process which lasts for a longer or shorter time.

The homeopathic virus (*variolinum*) is attenuated by repeated dilution in accord with the method used in the preparation of all homeopathic remedies, therefore it can be taken the same as any medicine; by taking it internally through the mouth, it is absorbed at once in the most natural way by the delicate absorbents contained in the mucous membrane and begins to take effect immediately, thereby affording protection as soon as taken. One does not have to wait for it to "work" before getting protection. The person not being sick at the time the virus is taken, it will then produce, provided the person is susceptible to the small-pox contagion, slight manifestations or symptoms that are characteristic of its action, but never so much as to endanger health. The medicinal force expands itself in the symptoms. Those who are not so susceptible will not have so many symptoms, but the protection is there nevertheless. The medicine being so finely prepared, enters more deeply into the centers of life, lasts longer and gives more protection

but does not exhibit the gross symptoms that crude vaccination manifests like fever, erysipelas, swollen arms, suppurating ulcers, septicemia, and lockjaw, there being no external abrasion to allow the entrance of the tetanus bacilli, or any other extraneous matter contained or not contained in the virus inoculated. The contagious principle of small-pox is dynamic, is communicated by olfaction, the microscope has not revealed it; why should it not be met on the same level by dynamic means? (vital dynamics, means the effects of remedial agents on the human organism not ascribable to either mechanical or to chemical causes.)

Now for a few evidences of its efficiency as a preventive of small-pox. Dr. H. C. Allen, dean of Hering Medical College, Chicago, says "we used crude vaccination for many years and have known patients on whom it "worked" and had more than one cicatrix, to have small-pox when exposed. We have used Variolinum more or less for twenty years and have neither known nor heard of a case of small-pox ever occurring after its use."

Dr. A. W. Vincent, of Union, Or., writing April 8th, 1902, says: "We have had an epidemic of small-pox here. I have given out quantities of Variolinum and not one person who has used it has taken the disease except those who were previously exposed and under the influence of the disease before taking the remedy, and such cases without exception were very mild. Some I might say did not have it at all, although living in the same family with it. They would have a slight aching of the back and limbs, and perhaps a half dozen pustules on the body, that would not be noticed at any other time. These symptoms without the eruption, also occurred with others who took the remedy, and particularly in the members of one family who, after using the remedy, kept a boarder through the whole course of the disease and none of them took it."

Dr. Vincent also stated that he had cured cases of small-pox with the same remedy, that every case improved at once and permanently.

Dr. Wm. Jefferson Guernsey, Philadelphia, has for

years refused to vaccinate with crude virus, but has used Variolinum and gave the required certificates.

Drs. Stuart Close, B. Fincke, and Alice B. Campbell, of Brooklyn, N. Y., have followed the same plan.

Boericke & Tafel, homeopathic pharmacists, say: "This drug has been used for over fifty years in the prevention and the treatment of small-pox." In the treatment of developed cases it is excellent, causing them to take on a milder form and more quickly convalesce.

Dr. Blakely has a report in Hering's *Materia Medica*: "Have used and seen it used in many severe cases, and when treated with Variolinum, the disease is shortened one half, suffering of patients much mitigated, secondary fever either absent or much lighter, pustules do not burst, but wilt and fall off, suppurative stage immeasurably hastened and shortened and patients were not marked.

Dr. Swan reports a case in the same authority, "on the third day of the eruption, when pustules had filled, and were confluent on the face with intense itching, Variolinum was given. On second day itching nearly gone pustules shrinking; third day drying, fifth crusts fell from the face; seventh day other crusts fell off and tongue cleared."

No one has the right to condemn, until after a fair trial it is found wanting.

CHARLES H. BRESEE, M. D.

[An article of this kind prepared for the public, and printed in the daily newspaper, must be written in plainer language than one written wholly for the profession, but this may not come amiss for some of them to read. C. H. B.]

FREQUENCY OF TUBERCULOSIS AMONG ALCOHOLICS.

Felix Imbault draws attention to the importance of the relation between alcoholism and tuberculosis, especially since the recent revival of a vigorous campaign against these two potent causes of disease and social degeneration. According to Landouzy, alcoholism "makes the bed for tuberculosis." It is with a view to get precise conclusions on this point that

the present research was carried out, namely, as regards the frequency of tuberculosis among alcoholics. In 1864 Lenquit, in a paper presented to the Medical Congress at Lyons, stated that among 121 adult drunkards who had died from various kinds of alcoholic intemperance twenty were found to be tuberculous. He concluded that pulmonary phthisis was less frequent among habitual drunkards than amongst the habitually sober. Imbert, from a total of 318 male alcoholics examined at the Laennec Hospital, made a special study of 131 and found that fifteen of these, or 11 per cent., were affected with tuberculosis. From a similar special study of 68 females he found six cases of pulmonary tuberculosis, and one of tubercular peritonitis, or 10 per cent. It should be added that Imbert did not search specially or systematically for tuberculosis among these patients. Paul Raymond (1896) made observations at the Hotel Dieu in Paris. Among 62 drunkards of excessively intemperate habits and incapable of working he found fourteen cases of pulmonary tuberculosis. These cases were apparently free from a phthisical heredity, and comprised 38 males and 24 females. Imbault, from a series of inquiries addressed to medical practitioners in the country and small towns, obtained trustworthy accounts of 248 alcoholics as regards the causes of death; of these, 44 died of pulmonary tuberculosis, two of tubercular meningitis, one of general tuberculosis, and one of diabetes and tuberculosis, thus showing 49 deaths from tuberculosis, or 19.7 per cent., a proportion that he thinks is apparently very high. Tarbarry, in a recent "These de Paris," from a careful statistical study of the geographical distribution of tuberculosis in France, came to the conclusion that it prevailed most in the districts where most alcohol was consumed, the correspondence being very close in the majority of the departments. In some, however, no parallelism could be traced. It appeared that in Brittany, where phthisis is very prevalent and on the increase, other factors (hygienic and social) co-operate with alcoholism. From observations collected by Destree and Gallamaertz from the annual official statistics of Italy, and from those of Bertillon

for Paris, it appears that "the professions or occupations in which alcoholism is common have in general a high mortality from tuberculosis." This is partly due to alcoholism, but other etiological factors are also present. Among 45 phthisical patients studied, Imbault found eight to be of temperate habits, the daily consumption of wine not exceeding one and one-half liters per head. The rest were heavy drinkers, but of these seven had ceased to drink heavily after the appearance of phthisical symptoms. All were male adults. The descendants of alcoholic parents show an excessive mortality, in which tuberculosis and meningitis play a most important part, as shown by the observations of Legrain, Grenier and others, and confirmed by the author.—*British Medical Journal*.

HEDEOMA PULEGIOIDES (American Pennyroyal).

Pennyroyal has a popular reputation, not undeserved, as a "female regulator," verified in homeopathic practice for many years.

READING, PA.

Editor Medical Advance.—The enclosed record should be of value to us homeopaths. It is a confirmation of a proving of *Hedeoma pulegioides* (Penny Royal) as recorded in the *Homeopathic Recorder* for February, 1901. Nowhere else have I seen this proving, nor is it recorded in Bradford's Index. Kent's Repertory makes no mention of the remedy.

Miss S—, school teacher, age 45, quick temper, large bones, dark complexion, was run down nervously owing to a particularly trying school term.

July 13, 1902, she suffered from a typical attack of renal colic, obtained relief from Morphine and *Berberis vulgaris*; but the pain did not entirely cease; to which was added much bowel disturbance caused by the Morphine. The former physician informed me that the urine was loaded with uric acid crystals.

Four days later she began complaining as before the previous attack. Intense nausea, offensive breath; no vomiting this time; frequent desire to urinate, urine scanty; pain

in left kidney region around left loin, more intense over crest of ilium, passing down to region of bladder and up to umbilicus. Berberis 1x was given, then Pulsatilla alternated as the two seemed to do better than one alone. The relief was very slight but enough to not necessitate the use of Morphine. These pains lasted all night and the next day.

Now the region of the left kidney felt as "sore as a boil" and the pains were dull but quite severe. Knowing that the patient had not received the similimum I searched the repertories but could not find it until I recalled a proving, recorded in the *Homeopathic Recorder*, February, 1901, of Hedeoma pulegioides, the Penny Royal. Here was my remedy and according to our law should relieve my patient.

As recommended by the prover I gave Hedeoma in the 2x potency, repeated every two hours. In a few hours the pain was relieved and entirely gone within thirty hours of the first dose. This remedy should prove valuable for the removal of gravel and may even act deeply enough to remove the cause of excessive uric acid formation; experience alone will prove this.

CHARLES M. RICHARDS.

SYMPTOMATOLOGY.

HEAD.—Dull, heavy feeling in head in morning. Sore pain in left temporal ridge, as of a cut or wound, lasting about six weeks. Vertigo on rising from stooping position.

THROAT.—Swallowing difficult, painful. Sensation of something rising in throat, as if her breasts were coming up into her mouth. Profuse salivation.

EYES.—Dimness of vision. Pupils dilated.

STOMACH.—Nausea and vomiting. Nausea, a rising-up sensation from the stomach, with occasional retching. Excessive nausea, retching, straining with ineffectual efforts to vomit. Burning in stomach with tasteless eructations. Dull aching in the stomach not affecting the appetite but > by hot drinks. Lamé, weak aching at oesophageal end of the stomach.

ABDOMEN.—Very sore, sensitive to touch and pressure.

Slight flatulent pains in lower abdomen, causing a desire for stool, followed by acrid, large, spluttering strong smelling stool, preceded by flatus and followed by tenesmus. Large quantities of odorless flatus.

STOOL AND ANUS.—Frequent urgent desire to urinate; very little urine passes; cutting, burning pains with tenesmus. Frequent, painful, scanty, burning micturition. A severe dragging, bearing-down pain, rapidly < in severity, in region of left kidney. Pain followed the left ureter to bladder, as if due to passage of gravel (Berb. Tab). Pain caused intense desire to urinate; the more the desire was resisted, the greater the pain, entirely < by profuse flow of clear, pale, amber urine (8—10 oz. every two or three hours for 24 hours.) Severe dragging, burning pains at neck of bladder, acutely < at beginning and end of micturition, and greatly > when urinating. These dragging pains from the kidney to the bladder, along the course of the left ureter, and the burning at neck of bladder, lasted six days, gradually decreasing, caused such frequent desire to urinate that I was obliged to stop the proving (from one drachm of tincture). Almost constant burning, dull pain over the left kidney, with some pain in the transverse colon > by belching.

A lady of gouty, rheumatic diathesis, had dragging, burning pains in left ureter going to bladder, and was passing quantities of "red sand." A man of 60, fond of champagne, constant burning, irritation at neck of bladder, frequent desire to urinate with inability to retain urine more than a few minutes; marked > on urinating. Urine retained increased the irritation at neck of bladder.

FEMALE SEXUAL ORGANS.—Persistent, severe, bearing-down pains from the upper part of the sacrum and the region of the kidneys to the uterus, like true labor pains. The bearing-down, labor-like pains and the scanty, painful urination lasted many days and was very severe. Leucorrhœa; acrid, itching, burning. Excessive bearing-down pain with pressure outward toward valva, from whole lower abdomen, accompanied by almost unendurable pains in back, drawing down from upper sacral spine, extending also to

epigastrium and stomach; labor-like, returning with regular periodicity if she remained at rest; greatly \leq by the least movement, could not be moved; \leq by the least food or drink.

RESPIRATORY ORGANS.—Shortness of breath as if from an asthmatic attack.

Frequent periodical dyspnea with oppression of the thorax.

Small, rapid pulse.

BACK.—Unendurable pains in back, especially in sacral spine, dragging down from that point to uterus.

Excessive pains in back and head.

UPPER LIMBS.—An increasing soreness of the third right thumb joint; very sore to touch; bending caused sharp stitching pains and an audible cracking. This pain gradually increased in severity as long as I took the drug, and persisted for six months afterward.

LOWER LIMBS.—The left tendo-Achilles became stiff as if sprained, especially on beginning to walk; after walking a few minutes it was \gt ; sensation as if swollen; worse on bending the ankle; getting on or off the street cars was extremely painful, I limped like an old man. The stiffness increased; the tendon was swollen and hot; very sore to touch; walking or moving the foot was very painful.

LIMBS IN GENERAL.—Semi-paralysis of limbs; could not stand or move, or bear the pain of movement.

Coldness of limbs, especially of feet.

Extremities, cold and clammy.

GENERALITIES.—General muscular soreness.

Prostration following retching.

Great nervous weakness.

Affected all the nerves; nervous twitchings and jerkings in all the tissues of the body, in the pulse or wherever fingers touched the parts.

The pain in thumb joint, the tendo-Achilles, and the burning over left kidney, compelled prover to stop the drug.

DIAGNOSIS: CUI BONO.

VERE V. HUNT, M. D., Vernon, Texas.

Soon after arriving in Northwest Texas I was called to attend a youth whose condition an allopathic predecessor had diagnosed as "Paralysis," adding an unfavorable prognosis. Like the great majority of Texans, the family was intensely allopathic, and called me in as a dernier ressort. I found the following symptoms:

Patient taken sick six weeks ago with crampings in small of the back.

Has pain in right umbilical region and bladder < right side.

Sputum frequent, sometimes colored yellow.

Urine normal in color and quantity.

Tenderness all over abdominal region, with sensation of distension.

Appetite good, but suffers from acidity of stomach, and cramping pains in that region described as "dead aching."

Tongue covered with grayish mucus; had previously shown brown streak in the middle, white at the edges.

Desires to be sponged.

Pulse 86. Temperature normal. This knocks out what some readers may be thinking of.

Allopathic medicine has failed to move bowels.

Constipated for two weeks; stools dark and very offensive, vary in quantity.

Thirst considerable,

Never slept night or day since attack.

Has a marked tenderness to touch over 8th dorsal vertebrae. Head pains on moving atlas. Cadaveric odor over entire body.

Previous history showed that patient had been healthy up to seventh or eighth year, when he had the Texas scourge: "Remittent or Slow" fever. Had been steadily

bilious since. Had measles at fifth year, and later hurt his back by a strain.

Patient is dizzy, and gets numb all over when attack is coming on: Too lethargic to speak or raise head or hand at other times.

Patient looked *Calcarea carb.* Red haired, light blue-eyed, blonde skinned, youth of 16.

Gave *Arsenicum* and ordered copious enemas as I decided that fecal absorption, from inertia of the bowels, was slowly poisoning the patient.

Result, copious stools and rapid improvement. In three weeks patient was able to visit his sister in Oklahoma.

Two weeks after the patient's departure a messenger called at my office stating that the youth was as bad as ever, with severe pains in the same old region with intense lethargy and anorexia but no fever.

Prescribed *Hepar* and in three days there was a discharge of yellow pus, per rectum, that filled the vessel many times. Patient recovered rapidly, and now, after a period of six months, is healthy, but almost too fleshy for a youth of his age.

Now what was the trouble? I don't know nor do I care. *Arsenicum* was my first diagnosis. *Hepar Sulphur* my second.

At the last session of the Texas State Homeopathic Association, in Dallas, Dr. T. J. Crowe made, on these facts, a diagnosis of appendicitis, but Dr. C. C. Bowes pertinently inquired "where is your temperature?" I still maintain that my diagnosis of *Arsenicum* and *Hepar Sulphur* was right.

[A psoric or tubercular abscess may occur without fever or even with subnormal temperature. ED.)

EDITORIAL.

All Contributions, Exchanges, Books for Review and other communications should be addressed to the Editor, 5142 Washington Ave. who is responsible for the dignity and courtesy of the magazine, but not for the opinions of contributors.

THE SINGLE REMEDY.

After years of experience in the empirical methods of the dominant school in which he was educated, Hahnemann has left us the following as the result of his work in the healing of the sick.

Organon, § 272: In no case is it requisite to administer more than one *single, simple* medicinal substance at one time.

§ 273; It is not conceivable how the slightest doubt could exist as to whether it was more consistent with nature and more rational to prescribe a single, well-known medicine at one time in a disease, or a mixture of several differently acting drugs.

The old maxim that "it is wrong to attempt to employ complex means when simple means suffice," holds good here for is not human life very often at stake? The single remedy is the distinctive factor in scientific therapeutics in every school of practice. Not only in the homeopathic school is this true, but it is especially true of the leaders of the dominant school both in this country and in Europe. The single remedy is synonymous of work, earnest honest work in scientific medicine, while the alternating and mixing of remedies and the modern combination tablet stands for the opposite, lack of effort, want of knowledge, loose, hap-hazard methods, the short cut to some kind of a prescription for the "weary doctor." It is apparently a weak attempt on the part of the physician to substitute drugs and medicines for knowledge. The single remedy marks true therapeutic progress; the combination tablet means therapeutic nihilism. But it is not in our school alone that this empirical tendency is rampant. The dominant school has the same complaint to make. The *Medical Brief* in a recent issue says:

Pharmacists tell us that some of the most eminent diagnosticians

in this country are constantly writing prescriptions containing drugs which are either chemically or therapeutically incompatible. Drugs which precipitate when mixed in solution; drugs which form explosive mixtures; drugs which unite to form new substances; drugs which directly antagonize each other in their action; all these errors are a common everyday occurrence.

We have time and again urged upon doctors the importance of re-studying the *materia medica*. Therapeutics is the vital branch of medicine. If we know the properties of drugs, their indications and how to use them, we may cure the sick even if we cannot tell exactly what is the matter with them. Therapeutic skill and the scientific understanding of a malady are not always, nor even necessarily, associated.

Lax methods in diagnosis and in the study and application of remedial agents are having their demoralizing effects in practice. If "eternal vigilance be the price of liberty" it is no less the stimulant to better and more thorough work in the Healing Art.

THE HOMEOPATHY OF PASTEUR.

We trust that every reader will carefully investigate the facts in the brilliant oration of Dr. Jousset on another page. He says:

When I apply a remedy known through its experiments upon the healthy man, I know what I am doing. I know the value of the instrument I am handling, and I know what it will produce. Moreover, I know why I do it, because not only the clinic but the laboratory has demonstrated to me that similars cure similars; and if, in the mouth of Hippocrates, that seemed a dazzling and paradoxical assertion, in the mouth of Pasteur it is no longer so. It is rabies which cures rabies, cholera which cures cholera, diphtheria which cures diphtheria and typhoid fever which cures typhoid fever; the similars cure the similars. Therefore now, in applying therapeutics rendered so clear and positive by Pasteur, I know what I am doing and why I do it.

With due deference to our distinguished colleague, we must enter our protest against such an interpretation of the law of similars. Vaccinating with the germs, the product of disease, either rabies, variola, diphtheria, cholera, typhoid, scarlatina or yellow fever, even after the preparation has been diluted in the serum of a living animal to render it less dangerous, is, to say the least, a very crude kind of Homeopathy. Would not Isopathy be a better term?

Is it not *idem* instead of *similia*? Think of our allopathic colleagues practicing Homeopathy without knowing it! Besides such practice robs Homeopathy of its birthright, individualization. Every case of diphtheria, when the diagnosis has once been made is treated with the same remedy, irrespective of the patient or the symptoms, thus violating both the law and the spirit of similarity.

Hering Medical College held its commencement exercises in Handel Hall, April 11th, the anniversary of Hahne-mann's birthday. It was in many respect a notable event, being the first graduating exercises as the medical department of the Ruskin University and the first of the united Hering-Dunham Colleges. Brief addresses were made by the Dean, Dr. J. T. Kent, and the Registrar Dr. J. B. S. King. The oration was delivered by Chancellor Tobias, after which he conferred the degree of Doctor of Medicine on the following candidates:

Kiron Cory Bemis, Minnesota; Florence Lila Barnes, Illinois; Millard Fillmore Baxter, Kansas; Nellie Beaufort Clark, Missouri; Minerva Brownell-Cushman, Illinois; Leslie E. Eastman, South Dakota; J. Frederick Farmer, A. B., Minnesota; William Phineas Fread, Illinois; Ernest Philip Fewster, Kansas; Adams C. French, B. S., Illinois; Lawrence Feltz, Missouri; Vardry Amon Hutton, Colorado; Myra Redfield Hewitt, Wisconsin; Robert Willard Huffman, Illinois; Washington Ernest Likens, Iowa; Lawrence Curtis Phillips, Ph. M., Indiana; Paul Grosvenor Rowe, Illinois; Harold Haines Steere, South Dakota; Carl Victor Urbom, Illinois; Robert Weimar, Wisconsin; Charles Bell Wylie, Pennsylvania; Edwin Philips Wallace, Minnesota.

Post graduate degrees were conferred on:

Charles W. Becker, M. D., C. M., Canada; Joseph Elmore Huffman, M. D., California; Edwin R. McIntyre, M. D., Illinois; Guernsey P. Waring, M. D., Illinois.

The honorary degree was conferred on:

H. J. Staten, M. D., which will probably be the last honorary degree issued, as no honorary degrees can be conferred by Ruskin University.

The exercises terminated by a banquet to the graduating class in the Moorish Room of the Great Northern Hotel with Dr. N. R. Morris as toastmaster, to whom its success was largely due. It was one of the most enjoyable in the history of the college, and as Dr. H. H. Steere remarked in responding for the graduating class, the first time in many years in which Hahnemann's birthday occurred the day before Easter, hence a red letter day on which to launch a professional career.

COMMENT AND CRITICISM.

Editor Medical Advance:

While reading "An X-Ray Case" in the December ADVANCE, there at once came to mind the late Vice President Hendricks and his friend the Hoosier doctor. While Mr. Hendricks was suffering from, according to his scientific physicians, gangrene of leg, and said to be incurable, his old Hoosier friend and doctor called to see him and the following is said to have occurred: "Thomas, I would like to see your leg." Upon seeing it it needed but a glance for him to exclaim: "D-d old abscess!" Such it proved, and the vice president survived for some years.

And such was an "X-Ray Case," and it was nothing more.

Think of the number of doses, and the time occupied in the so-called cure!

No reasons are given for prescribing X-Ray, and there is no doubt but that some one of the many remedies we use for abscess would have caused suppuration after two or three doses.

And the comment and the many doses!
West Walnut Lane; Philadelphia. GEO. H. CLARK.

[The doctor must not forget that an osseous tumor as large as a walnut was removed from the site of "abscess" after suppuration ceased. It was something more than a common abscess with or without a big D.—ED.]

A NEW HAHNEMANNIAN SOCIETY.

Editor Medical Advance:—

Now that the Hering and Dunham have combined, for which the Lord be praised, why cannot the I. H. A. and A. H. A. follow suit? Let them bury the dead past—whatever it is, for I could never find out—and join forces under the name of the Hahnemannian Association, or some other suitable appellation, and settle down for a boom. Life is too short to be wasted in such petty professional squabbles.

Sincerely, WM. JEFFERSON GUERNEY.

Editor Medical Advance:—

In response to this fraternal appeal, Dr. E. B. Nash, president of the I. H. A., writes: "I am in favor of uniting all the good men under one flag. There is not so much in the name of the society as in the principles for which it stands. In the words of Meg. Meriles, 'Death quits all scores.' Let the old die if out of the ashes may arise a new, stronger and better condition."

Fraternally, E. B. NASH.

Dr. Edmund Carleton writes: "Amen! Only the I. H. A. allows untried charges to hang over a member. That is fatal. Consequently it must be absolutely a new society composed of old members."

[This is a suggestion in the right direction, that of unity and harmony, and should be helpful to the members of each of the present associations as well as a benefit to the Homeopathy for which they stand. Who will make the first move? ED.]

A PUZZLING CASE.

Editor Medical Advance:—

This case is intensely interesting, and has puzzled the attending physicians and surgeons. What can Homeopathy do?

Mr. H. B., age 17, while hunting several months ago, accidentally shot himself, the load of bird-shot tearing away part of the pectoralis major and minor muscles, and badly tearing left arm near brachial plexus. A number of shot

were removed from the chest and arm, (old school treatment) and wounds healed nicely.

But ever since he is very nervous.

Terrible burning in left hand; must keep it constantly bathed in cold water or the burning would be unbearable.

Dry hands applied to any part of the body or limbs causes intense "lightning pains" in left hand.

With wet hands you can examine, or touch any where without pain.

He has been before several medical societies and numbers of old school doctors, but they are all non plussed. Cannot account for it, or suggest treatment.

What is the treatment? Would our remedies do any good?

Any suggestion from the ADVANCE or its readers would be appreciated.

G. F. THORNHILL, Paris, Texas

NEW PUBLICATIONS.

HANDBOOK of MEDICAL and ORTHOPEDIC GYMNASTICS.

By Anders Wide, M. D., Lecturer in Medical Gymnastics in Royal Carolean Medico-Surgical Institute, Stockholm. With a Frontispiece and 94 illustrations. Second Edition; Revised and enlarged. Pp. 373. New York. Funk & Wagnalls Co. 1902. Price \$3.00 Net.

Peter Henry Ling was the founder of scientific and systematic medical gymnastics and so faithful and successful was he in its application to many forms of disease, that to the land of his birth the name of "Swedish Gymnastics" or "Swedish Movement Cure" is now generally given. The civilized world is now acquainted with the system and methods of Ling, and two State institutions in which his Medical Gymnastics has been most carefully and systematically developed were founded in Stockholm, before his death in 1839. His disciples have more fully perfected the work and the names of Zander, Brandt, S  therberg, Hartelius and others are now almost as well known as the originator himself, while many institutions in America are most

completely equipped with mechanical appliances for the application of manual therapeutics.

This work is profusely illustrated so that it is well fitted for the student or physician to apply the science to all forms and varieties of physical development. It has been adopted by many of the colleges for Physical Training and Medical Gymnastics in England and America and no better evidence of its practical value can be furnished than the following:

The first Swedish Edition was published in 1896.

The German Editions were issued in 1897.

The French Edition appeared in 1898.

The first English Edition was published in 1899.

Second Swedish Edition was printed in 1902.

An Italian and a Russian are in preparation.

Massage, Swedish Gymnastic, Manual Therapeutics and last but not least Osteopathy are among the best known forms of Medical Gymnastics, and this volume explains its practical application.

NEWS NOTES AND ITEMS.

The Missouri Institute of Homeopathy holds its next session at Kansas City, April 21, 22, 23.

The Illinois State Society holds its next session in the Masonic Temple Chicago, May 12, 13, 14.

The Homeopathic Medical Society of Michigan, meets at Grand Rapid, May 19th and 20th.

Thanks! One who appreciates both writes that **MEDICAL ADVANCE** and **Perfection Liquid Food** are Synonymous.

The Indiana Institute of Homeopathy will convene at Indianapolis the third week in May, date to be given later.

Dr. Vere V. Hunt, of Vernon, Texas, writes: "Nowhere has the single remedy homeopathically prescribed won more enduring laurels than in the field of Southern fevers, whether of the intermittent, remittent, bilious or pernicious type. True typhoid is comparatively rare in Northern Texas, and almost unknown in this county owing to our abundant and excellent springs. But it is prevalent elsewhere."

The Northern Indiana and Southern Michigan Association holds its semi-annual meeting at Elkhart, Indiana, Tuesday, May 5. Dr. A. L. Fisher, Chairman of Local Committee.

The Homeopathic Society of Kanaas, announces its next meeting, at Topeka, May 20, 21, 22. One of the attractions is the Union meeting with the Eclectic brethren, and the general banquet.

The American Congress on Tuberculosis meets in St. Louis, July 18 to 23, inclusive. It has been granted a charter, thus making it a legal body and it will be reorganized on a strictly ethical basis for an active campaign.

The International Hahnemannian Association holds its next session in Boston, June 18-20, at the Hotel Bellevue, for particular see secretary's announcement. The President, Dr. E. B. Nash is extremely anxious that a large attendance be secured. That assures a profitable meeting for every member is certain to have a good paper. It is probable that a reunion and an old fashioned love feast may be in store for the society. Come and enjoy the most profitable homeopathic meeting you ever attended.

The American Institute will hold its next session in Boston, June 22nd, with headquarters at Hotel Somerset. The available hotels are the Somerset, Vendome, Victoria, Copley Square, Nottingham and the Lenox. The Somerset is the most select non-commercial hotel in Boston. The management has granted the American Institute the most favorable terms it has ever offered to any guests. The Somerset, on the European plan, will provide 300 rooms at the rate of \$2.50 per day. The hotel offers a special table d'hôte menu of breakfast 60 cents; luncheon, 65 cents; dinner \$1.50. Any one of these meals may be taken, and only the meals taken are paid for. At the Nottingham the rates are \$1.00 per person per room, with meals à la carte, at reasonable prices. At the other hotels named first-class accommodation can be secured at prices ranging between these two, so that all preferences and purses can be suited. The Somerset can take care of six hundred and the six hotels can care for an aggregate of eighteen hundred guests.

The Institute meetings will be held in the banquet room of the Hotel Somerset, which will prove a most satisfactory auditorium, with perfect acoustic properties, freedom from outside noises, and ample seating capacity. In the Somerset are six desirable rooms suitable for committees and for Sectional Societies, while next to the hotel is a public building with still other available halls, where, also, exhibits will be placed. The Committee is convinced that the conditions in the Back Bay district of Boston are little short of ideal for one of the most pleasant, profitable and satisfactory meetings that the Institute has ever enjoyed.

THE MEDICAL ADVANCE

VOL. XLI.

CHICAGO, MAY, 1903.

NUMBER 5

MIASMATIC RECRUDESCENCE.

J. B. CAMPBELL, M. D. Brooklyn, New York.

By this term we do not mean the "acute miasms mentioned by Hahnemann § 73 of the Organon, which appear as sporadic, epidemic or contagious diseases, but the miasmatic manifestations which gain impetus from acquired causes, such as cancer, consumption, chancre, chancreoid, gonorrhea, vaccine disease that more irregularly illegitimate monster which passes current as protective against small-pox.

Hahnemann says in § 76: "It is only through Homeopathy that Providence has vouchsafed to us the means of curing natural diseases: but not those chronic external and internal lesions and deformities wantonly forced upon the human organs by unskilful treatment and pernicious medicines. Nevertheless, if proper measures are directed against the chronic miasm, perhaps still lurking in the system, the vital force might still be made to undo much of the mischief, providing it had not been weakened by treatment to such an extent as to prevent it from being undisturbed for a sufficient number of years, required for the accomplishment of the enormous task. The art of healing is not, and never will be perfected so far as to enable us to rectify the countless ill effects observable after allopathic treatment of the sick".

It will be seen by this quotation that Hahnemann considered the task of rendering inactive certain miasmatic manifestations aside from those of epidemic and so-called "natural diseases" very difficult of accomplishment.

Since Hahnemann's time his philosophy has been put to a test, and his theories elaborated. The potency has

Read before the Brooklyn Hahnemannian Union. February, 1903.

been pushed to an almost incomprehensible refinement of penetrative power, and the *materia medica* has been enlarged and is still expanding. The homeopathic principle has been applied by those cognizant of its universality, yet disease remains with us, and a miasmatic conflagration in the shape of the "great white plague" renders regular tribute to the Moloch of misdirected effort. Much remains, therefore, to be done in perfecting preventive medicine before Homeopathy can come into its own, and more consideration must be given the study of Homeopathy and its philosophy before it will be seen that the two together furnish a factor indispensable to a complete system of preventive medicine. Before such a happy issue becomes a fact, certain barbaric delusions must be dispelled. One of the great medical delusions of the day is the belief that the human organism can be subjected to certain drugs or animal poisons without feeling the entire extent of the attacking influence. Such delusions is witnessed in the administrations of tonics, sedatives, laxatives, etc., etc., which are given in the hope of catching nature napping; of influencing the organism along a certain line, without regard to side effects or individual susceptibility; and without regard to temperament, which interprets such influences in a manner not accurately predeterminable.

Does the physician who vaccinates see into the patient's (or victim's) future? Can he possibly comprehend all the idiosyncrasies of temperament plus the complex of the miasm, as affected by the foreign influence he has introduced perforce into the organism? Can he assure against an outburst of accentuated miasmatic activity—a recrudescence, local or general in extent—(literally) a becoming raw or sore again; a miasmatic cataclysm that will engulf the patient? We all know that no such assurance can be truthfully given; therefore, we think that until they can, such practice is hazardous and better let alone. Let us not "do evil that good may come."

The state of becoming actually raw or sore again is seen in those profound miasmatic manifestations having as an associated feature at some stage, tissue destruction or local death.

It is our belief, supplemented by experience, that any disease with which are associated at any stage, phlegmonous sores or tracts, is of prime importance when treating all subsequent symptomatic manifestation. Under conditions favorable to its expression the phlegmonous tendency may reassert itself at any critical period during the patient's life. While vitality is sufficiently resistant, death is local. When insufficient to resist the gathering force of the miasm, death becomes general. This is exemplified in fistule and consumption; in syphilis and paresis or in gonorrhea and Bright's disease and very probably in vaccination and cancer which we all very well know is increasing apace. We have had quite recently several cases of consumption in which decline, more or less pronounced, followed vaccination within a month or two, and resulted in death from consumption. In fact, we feel sure conscientious observers will agree that the death rate from the immediate effects of vaccination is large; and that from remote effects it is larger, while the bulk of vague and variegated misery due to this single cause is too great for computation.

Miasmatic recrudescence may be malignant or benign. The miasm cannot so manifest in the absence of specific elements which determine the direction of the manifestation. This determinate direction or localization is lacking at periods of life which are not critical, but frequently becomes active during or very near the years which are the multiples of the number 7, as in the 14th, 28th, 35th, 42nd, 56th and 63rd; which latter year is, according to Oliver Wendell Holmes, the "year for brakes".

Conditions permitting critical manifestations are manifold and may be roughly divided into predisposing and exciting. Predisposing, or constitutional causes are by far the most important, inasmuch as they comprise the complex of subjective habits; habits of mind and habits of body. A mental habit will eventually impress the physical body, and a physical habit as surely leaves its impression on the mind. In § 210 of the Organon, Hahnemann draws attention to the fact that physical disorders always affect the mind.

Our belief is that the mind can not be dissociated from the body, of which it is an intimate factor, hence must of necessity be studied with it. This granted, the importance of maintaining equanimity becomes at once apparent, as is also the relation of the mental habits of fear and worry, and the emotions of hate, anger and disappointment, etc, to miasmatic activity and actual tissue change. I think you will grant that there can be surely, disease breeding (pathogenic) thought with its physical expression, and that inversely, there are various physical abuses which distort the functions of mind.

Habit implies continuance of action and finally permanence of the involved functional process. The permanence of disirable habits is determined by fixedness of purpose during their acquisition; and the permanence of undesirable habits is determined by negative receptive conditions which admit of adverse impressions. The struggle with surmountable conditions evokes life—is life. When conditions become insurmountable, death results. Between these extremes of life and death, we witness many phases of vital function, and although the natural tendency of living flesh is toward health perverse habits may pervert function. A study of disease and its progress reveals multiplicity of perversions widely separated in origin and results. The causes of disease appear to be, in some cases, simple; in others intricate. Predisposing causes of disease appear to be tenacious of purpose and when the conserving forces fail, disintegration more or less specialized follows.

Highly organized morbid products carrying in their structure dynamic force of enduring character, find in the body cells (somatic cells) a well defined field of action. If it be true, as Prof. Gates has advanced, that cells are the seat of memory, each after its kind, and if it be true that we are wholly or in part amenable to the great law of suggestion, it follows that cellular memory when aligned with disease tendency, as introduced by means of morbid matter or adverse mental impression, must respond to the law of suggestion. And furthermore, it seems to us that physical

suggestions impart greater permanence to tendency, because tendency finds its concrete expression in the body cell; hence in a cell so impressed we see chronic processes set up which are practically interminable. This process of impressing the body by morbidic agents evidently progresses until consummation of cellular purpose is attained. Once engrafted, the action of the morbidic influence is terminated only by a special remedial measure, or by the death of the individual affected. In this relation attention has been called to the possibility of contracting miasmatic states in all degrees of development from gonorrhea, for instance, to nephritis. If this can be so, then the potency of such influence as that of vaccine, or bovine virus will be apparent.

Vaccine, or variolo-bovine virus, and the whole range of biological products, being highly organized animal substances, carry with them into the human economy the potential and actual results of the animal organism in which they originated. They are therefore, capable of imparting by disease-breeding (pathogenic) suggestion much of the organic individuality of their animal origin. We find the vaccine disease following a course more or less definite according to the constitution of the recipient. In certain instances this course is apparently uneventful while in others the indwelling miasm is fanned into activity. Such activity is often destructive beyond repair. The miasm breaks loose, and its fury is uncontrollable by any known agency. The miasm in deathward trend, as shown by the phlegmonous sore, is capable of repeating its burrowing incursions at a later period and on a larger scale when vitality is lower. In the presence of fair resistance, benign or semi-malignant growths or processes not immediately vital assert themselves. We have now under supervision a case of epulis, in a young lady whose father was operated upon twenty-three years ago for anal fistula. From the history given the fistula evidently demanded Silicea, and the tumor in the daughter has pointed toward Silicea. Here we have under the same remedy a destructive process in father; then an exuberant growth in daughter, followed by ulceration of the growth. This re-

minds us that action and reaction are equal and opposite in disease as in its cure, and the strongest light thrown on the therapeutic aspect of this universal truth is found in the *Organon of the Art of Healing*. There are many therapeutic and pathological facts which when supplemented by a working knowledge of the philosophy of Hahnemann place their possessor in advance of any possible charge of reasoning "post hoc, ergo, propter hoc."

The shortcoming of sero-therapy and the microbic theory of disease are more clearly revealed by acquaintance with Hahnemann's philosophy. We feel led to digress and say more about "microbes." That there exists a significant relation between diseases and the bacilli with which they are seen to be associated admits of no question. Just what this relation is however has not been demonstrated beyond all doubt. The theory that some of these micro-organisms exert a pathogenic action is only partially substantiated. Subcutaneous injections of serum or liquids containing pathogenic bacilli, have been known to reproduce the disease of their association. Aside from being an interesting experiment we think it has not shown conclusively that the bacilli is in every instance, the cause of the disease of its association. For this cause we must look deeper, and beyond the range of a microscope, into the miasms and all that they mean.

Because of the association of certain micro-organisms with disease, it has been sought to annihilate the disease by destroying the associate bacilli. That this method has not met with anticipated success is becoming known. In view of the reactionary relation between causes and cure of disease it will be remarked that the diseased bacilli or their ptomaines exert a possible curative action at certain stages of any ailment; for not only the bacillus but its ptomaine must be considered when treating of the connection between the bacillar cause of disease and its cure by biological products. The destruction of the disease bacillus by antiseptics like formalin, may in certain instances deprive the organism of the very means of reaction for which it is seek-

ing; for inasmuch as Pyrogen, or potentized septic pus has cured well-nigh fatal septicemia and latent pyrogenic processes, without the zig-zagging practice necessary before the discovery of Pyrogen, it follows that the curative relation between the disease and its associated product is direct. Probably not the bacilli but their ptomaines (or morbid alkaloids) exert the curative influence, as they are the by-products of the bacilli—the refined results of vital processes of the micro-organisms—in short, Nature's potencies, and capable of curative action under proper conditions. If the cure of the so-called "germ diseases" depended upon the destruction of the associated "germ," Formalin would be the cure-all. But something more than "germ" destruction is needed in the majority of cases. The subtle factors favoring or permitting disease must not be overlooked.

Cure of disease and the oxidation of effete matter are undoubtedly associated. In fact, both bacteria and oxidation are involved in the elimination of disease and its products, as is now known to progressive scientists. It has been suggested that skin diseases were Nature's efforts at oxidation, slowly burning up disease products on the surface of the body; and it does seem like an attempt to render such products innocuous. Here again, a knowledge of the miasms and their routes and modes of progression will show the kind of treatment to be pursued, if any be permissible. Such knowledge may reveal the fact that the best treatment is no treatment.

After commencing this paper, which by the way, is intended as merely suggestive, we were interested to read in the *Literary Digest* of February 7th, an article on "Sewage Disposal by Bacteria," translated from the "Cosmos" of Paris. In the course of the article the author says: "Thus the purification of the sewage is affected by the very germs it contains, thanks to the presence of atmospheric oxygen. It is a process of oxidation in which the bacteria serve as intermediaries." You will note the resemblance this article bears to the effete matter theory of disease. This theory finds some foundation in fact. The mental theory of disease

also finds foundation in fact. The homeopathic principle in its various applications stands ready for demonstration on either basis. and in his philosophy, the 18th century master enlightens the 20th century bacteriologist regarding the real cause of the bacterium's presence.

The medical need of the day is more light on the central or underlying cause of vital disturbance, and the significance of its phenomena, and a deeper understanding of the relation between these phenomena and the means for their obliteration. In short, the truly scientific quest is for the universal healing principle.

TUMORS: BENIGN AND MALIGNANT.

THOMAS SKINNER M. D., London.

The late Dr. Burnett, of London, published an excellent work on the curability of Tumors by Medicines, second edition, 1898, being about his last work. I am happy in being able to back him, as I have had considerable experience with satisfactory success in the complete removal of all kinds of tumors, if consulted in time, and before the surgeons have operated.

I am often asked if operative measures are justifiable under any circumstances? My reply has always been, as an Allopath or as a Homeopath, the same. I do unto others as I would be done by, and I reply, *Never!* What is more, if a patient consults me who has been operated upon for a real cancer, I prefer to have nothing to do with the case, because the cicatrix following the knife being of a fibrous character, does not yield (when the cancer returns, as return it will,) the pain irritation is increased, and the organ is no longer in a naturally morbid condition, rendering our medicines helpless, and Morphia becomes the only palliative possible.

I have seen this occur often enough to cause me to decline cases which have been under the surgeon's knife. It must be remembered that whatever some medical men may say, cancer, real cancer, is a constitutional and never a

Local Affection. It embraces the whole blood and tissues. The time must come when society will get so enlightened, that the surgeons knife for pruning and lopping off disease will be a thing of the past.

The medicines best corresponding to malignant disease when alphabetically arranged are: (1) Arsenic, Calcareo, Calc.oxal, Carbo-an., Carb-v., Conium, Euphorbia heterodoxia, Graphites, Lycop., Nitric ac., Phytolacca, Silicea. Sulphur, and Thuya. (2) Acet-ac., Apis, Ars-iod. Aster-r., Aur., Citric-ac., (locally Anodyne), Cund., Hydrast, Kali-ars, Kali-iod, Lachesis, Phos., and many more for bridging a difficulty; besides the three best nosodes, namely Leusinum, Medorrhinum and Tuberculinum.

At a Conversation in New York in 1876, in the house of Dr. Kellog, I was asked, if I mistake not by the late Dr. Temple Hoyne, if I ever cured a case of cancer of the breast. I replied that I had and, having described the case very fully I concluded, the only difficulty I had in deciding whether it was cancer or not was because *I cured it*. As an allopath, I should have given it up as incurable. Graphites 14m was the remedy.

As to benign tumors, there is such a variety of them, suffice it they are all of them amenable more or less to Hahnemannian treatment, whether internal or external, the knife never or rarely ever being required.

The following is as good an illustration as I can pick out of my practice: Miss—consulted me because of a tumor in her right mamma which had been steadily growing for about a year or more. It was now the size of a hen's egg, and as hard as ivory, evidently fibroid and imbedded in the gland, the skin and nipple being in no way implicated.

The case was very severely handicapped by the fact that the patient received a letter stating that an only brother had died in a hospital from what was said to be cancer of the stomach.

More than one surgeon had been consulted and as a matter of course they advised excision of the growth.

No operation was ever resorted to when I took the case in hand.

Treatment.—As all symptoms pointed to Sulphur, I at once gave her Sulphur, cm (F. C.) after her M. P., and after the next M. P. she got Sulphur 2 cm (F. C.) and after the next she got the 3 cm (F. C.) With every dose there was a decided diminution of the tumor, and about a month after the third dose, on examining both breasts, it was impossible to detect any difference, the tumor having been entirely absorbed leaving no trace of its existence.—*Gynecology*.

HOMEOPATHY VS. ANTITOXIN.

Homeopathy or Antitoxin—"Then I thought that I must quit jeopardizing the lives of my diphtheria patients by continuing to treat each case with the remedy indicated for it, and take to curing all—except perhaps 12 per cent.—by giving them all antitoxin treatment. But I did not do it, and the very first case I was called to I gave *Lachesis* and cured, and the next case, the mother of the first case, and sick at the same time with the same disease, I gave *Lycopodium* and cured her. And that is the way it goes; I do not seem to need any better form of treatment than that which I have always practiced. On September 19th, in the afternoon, I was called to a family; found four children with diphtheria, and one more has since been added to the list, making five cases at one time in one family, ranging in age from two to eighteen years. The two year old babe was the worst case of the lot; entire fauces swollen and covered by membrane; membrane in both nostrils and some on lips, also on a finger which the child had the habit of sucking; very offensive breath, profuse ptyalism and profuse acrid discharge from nose, corroding the skin wherever it came in contact. All four children were about the same as this one, but not quite so bad. I had no antitoxin with me; it would consume valuable time to get it; but I had *Nitric acid* 6, which I think all who hear me will agree was what used to be indicated in a case of diphtheria of this kind; so *Nitric acid* 6,

ten drops in a goblet of water was my prescription, a teaspoonful to be given to each of the children every two hours, nothing more. Next morning I went to the house with the determination to advise and urge antitoxin; but when I saw the children I could see no use for doing so, for all were improved, and so I continued the homeopathic treatment, *Nitric acid* 6. Two of the five are now on the fifth day of treatment, entirely well, and the others are nearly so. Such results satisfy me and satisfy my patients, and I for one am not in favor of striking our colors when we 'don't have to'."—*Dr. W. J. Martin, Penn. Trans.*

TRANSACTIONS OF CENTRAL NEW YORK SOCIETY.

CENTURY CLUB, Syracuse, N. Y., Sept. 18, 1902.

The president, Dr. Hussey, not having arrived, Dr. Nash was elected to the chair and opened the meeting at 12 M.

Members present—Drs. Allen, Bresee, Dever, Follett, Gwynn, Hussey, Howland, Keese, Leggett, Martin, Nash, Stow.

Visitor—Dr. Walsh.

The minutes of the June meeting were read and approved.

Dr. Hussey arrived and took the chair.

There was no report from the Board of Censors.

Prof. H. C. Allen, of Hering College, read section VII. of the Organon, with notes, and prefaced his essay upon the Totality of Symptoms by saying: "It is like bringing coals to Newcastle to discuss the Organon before the Central New York Society, but, having been invited, I will make such suggestions to the above paragraph as seem to me apposite."

THE VALUE OF A SYMPTOM.

The more we study *similia similibus curantur* the more profoundly we are impressed by its magnitude and its far-reaching possibilities. The practical observations of Hahnemann, *simplex simile minimum* and the other corollaries

of the science, the knowledge to be acquired and mastered in diagnosis, prognosis, pathology and therapeutics by a study of the symptoms is little understood by the majority. In fact, with all our boasted improvements and wonderful discoveries we are not yet up to the practical standard of the Organon. As a distinctive school we did not begin where Hahnemann left off; we have not improved our opportunities. Many of us are apparently wedded to our idols; we are still "voting for Jackson." For instance let us illustrate by chapter III, § VII of the Organon on:

THE TOTALITY OF SYMPTOMS.

Now as a disease, from which no manifest exciting or maintaining cause has to be removed, we can perceive nothing but the morbid symptoms, it must (regard being had to the possibility of a miasm, and attention paid to the accessory circumstances, §5) be the symptoms alone by which the disease demands and points to the remedy suited to relieve it—and, moreover, the totality of these its symptoms, of this outwardly reflected picture of the internal essence of the disease, that is, of the affection of the vital force, "must be the principal, or the sole means whereby the disease can make known what remedy it requires—the only thing that can determine the choice of the most appropriate remedy—and thus, in a word, the totality of the symptoms must be the principal, indeed the only thing the physician has to take note of in every case of disease and to remove by means of his art in order that it shall be cured and transformed into health."

It is not necessary to say that every intelligent physician would first remove this where it exists; the indisposition thereupon generally ceases spontaneously. He will remove from the room strong smelling flowers which have a tendency to cause syncope and hysterical sufferings; extract from the cornea the foreign body that excites inflammation of the eye; loosen the overtight bandage on a wounded limb that threatens to cause mortification, and apply a more suitable one; lay bare and put a ligature on a wounded artery that produces fainting: Endeavor to promote the expulsion by vomiting of belladonna berries etc. that may have been swallowed: Extract foreign substances that may have got into the orifices of the body (the nose, gullet, ear, urethra, rectum, vagina, bladder): crush the vesical calculus; open the imperforate anus of the new-born infant or the imper forate hymen of the maturing girl, etc. etc.

In all times, the old school physicians, not knowing how else to give relief, have sought to combat and if possible to suppress by medicines, here and there, a single symptom from among

a number in diseases—a one sided procedure, which under the name of *symptomatic* treatment has justly excited universal contempt because by it not only was nothing gained, but much harm was inflicted. A single one of the symptoms present is no more the disease itself than a single foot is the man himself. This procedure was so much the more reprehensible, that such a single symptom was only treated by an antagonistic remedy, whereby after a slight alleviation, it was subsequently only rendered all the worse.

When a patient has been cured of his disease by a true physician in such a manner that no trace of the disease, no morbid symptom remains, and all the signs of health have permanently returned, how can any one, without offering an insult to common sense, affirm that in such an individual the whole bodily disease still remains in the interior? And yet the chief of the old school, Hufeland, asserts this in the following words; "Homeopathy can remove the symptoms but the disease remains."

Hahnemann was the first medical writer in the history of medicine to affirm the simple truism that *The Totality of Symptoms* constituted the disease. Also the first to interpret the language and value of a symptom; that it was nature's call for the remedy that was capable of giving relief of suffering and at the same time of curing the ailment of the patient.

Symptoms may be significant of the disease and of the remedy, i. e. they are general and individual as well as diagnostic and therapeutic. The more valuable a symptom becomes for diagnostic purposes, the less valuable for therapeutic. The more general the less individual, as a matter of course.

The study and analysis of symptoms is capable of infinite development, and its mastery marks the expert from the novice either in differential diagnosis or therapeutic applicability. "Regard being had to the possibility of a miasm" is a master stroke in the general proposition that the totality of symptoms must constitute the disease; for Hahnemann here recognizes the effect of the miasms, with which we have to deal. The more deeply intrenched the miasm in the vitality of the patient; the more malignant the disease. In other words it is the deep-seated overpowering effect of syphilis, sycois, psora or tuberculosis that constitute malignancy.

The mental shock, the depressing effect of business reverses, chagrin, grief, mortification, anger, unrequited love may be easily thrown off or may convert a functional into an organic lesion or a malignant disease, according to the degree of miasmatic invasion.

Slight indispositions are easily overcome by the *similimum* when the exciting cause is once removed. But *the cause* must, if possible be removed, and Hahnemann mentions a number of common every day causes, as common to-day as they were when he was in practice 100 years ago, when he recorded his experiences:

"He will extract the foreign body from the cornea: loosen the overtight bandage; put a ligature on a wounded artery, promote the expulsion of foreign bodies from the stomach by vomiting, etc." It has even been said that Hahnemann advised the use of emetics, which is true if the context be given.

As a school we are prone to follow the practice of our empirical irregular colleagues, and treat the single symptom or the pathological condition.

We reduce the temperature, cure (?) the pneumonia and then the patient dies from exhaustion.

We cure anal fistule by surgical means and the patient dies of pneumonia or tuberculosis.

A successful operation for varicocele ends in two years in obstinate incurable bronchial asthma. And this is only a beginning of the disasters which follow when we repudiate the symptom-guide of Hahnemann and follow the false gods of physiologic therapeutics. In Hahnemann's observations of the trend of the symptoms in chronic disease he affirms that the cure is from above downwards, from within outwards and from the greater to the less vital organs, but always in the inverse order of their onset. This knowledge enables the Hahnemannian to make a certain prognosis, that his patient will be cured.

In acute diseases also, when the *similimum* only palliates—the symptoms change or continually relapse—it is almost certain to be a fatal ending. Here is an opportunity

for observation that, if persistently followed, will yield a bountiful harvest in practical therapeutics.

The subject presented by Dr. Allen was opened for discussion.

Dr. Howland cited a case wherein Nux was antidoted by a cup of coffee, and prolonged a case of acute catarrh.

Dr. Nash reminded the society of its obligations to Dr. Allen for the efforts made to be present, as well as the able manner in which he had discussed § VII. of the Organon. He said much might be gained by discussing such an essay verbatim, as it would undoubtedly serve to develop many of the thoughts advanced therein, but time forbade, so he would content himself with taking up a few of its points.

He referred to instances of "removal of symptoms and not the disease," and inquired what else morphine did, as it removed the only guide to proper medication.

He quoted Raue's saying: "The symptoms of the disease and of the remedy, stand in inverse order to one another," and "the latter are entirely outside of pathological conditions."

He also quoted Lippe as saying: "You cannot squeeze Homeopathy into the pathological livery," and said that the sooner the profession learned the necessity of individualization in all cases of disease the broader would be its understanding. He urged the necessity of the study of homeopathic symptomatology, and assured the society that only in that way could a broader range of cures be made.

Concerning the miasms Dr. Nash said it was now necessary to add the tuberculous. Cases of miasmatic activity, hitherto considered under the head of psora, had been closely studied many times by acute observers, without finding the relation believed to exist between the two. He said many cases of psoric skin manifestation had been observed without finding the slightest trace of tuberculosis in the history.

Discussing the influence of such articles of common use as tea, coffee, tobacco, etc., he said that he had found that

coffee would excite in him symptoms which Hahnemann called psoric, and that these could be relieved by stopping its use. He alluded to his yearly subjection to hay fever, saying that he had no doubt that there existed in his system something which made him susceptible to this peculiar influence.

He pointed out that Hahnemann had two ways of selecting the remedy homeopathic to a case, i. e. by the "totality of the symptoms," and by the "characteristic and peculiar symptoms."

Dr. Gwynn having greatly enjoyed the paper of Dr. Allen, and the discussions which followed it, had made note of several points which he should like to question. Concerning a "mental shock" as an exciting "cause of cancer", he would like to ask where was the mental shock when the cancer had followed a blow from baby's fist on the mother's breast; and where, when the cancer upon the lip seemingly followed the constant use of the pipe? He quoted Kingsley, of Rome, N. Y., as saying that the cause of cancer was always mechanical. If so; what of the mental shock?

Dr. Allen begged not to be misunderstood, he simply stated his own experience. He said he had not seen a case of cancer in twenty-five years that he could not trace to a mental shock, as an exciting cause. He said that he did not wish to be understood as saying there was no other cause. He referred to the case of Gen. Grant, and he believed that had it not been for the mental shock from the failure of his Publishing House Gen. Grant might not have died of cancer; but if Gen. Grant had not smoked there would have been no first irritation.

Dr. Allen said that the teaching he tried to impress in Hering College, was the careful study of symptoms; an understanding study of them; a reading between the lines.

He illustrated this by the case of a most intense cephalalgia, in a man who looked strong and was at least six feet tall, who came to him during the period of the World's Fair. The only discoverable symptoms were: pain beginning at the 7th cervical vertebra, extending over the entire head and

lasting several hours. The only peculiarities were: > from coition and < from riding. After sexual congress, several days perhaps a week, would elapse before another attack. Dr. Allen having advised him to call the next day, set about looking for these peculiarities. He found that Conium was markedly < from continence; reading between the lines it fitted the symptom, > from sexual congress. and the result of the prescription Conium cm. proved that reasoning correct, for it made a complete cure.

Dr. Allen said that the symptoms of the proven and verified Materia Medica were not studied enough. He called attention to Aloe, recently found able to reproduce eruptions, so classing it with the anti-psorics; to Rhus radicans as having the clock-like regularity of Cedron. He said a suppression of the eruption produced by Rhus radicans was as bad as suppression of a psoric eruption. He called attention to Sinapis nig. as being as wonderful a remedy in psoric cases as Dulcamara and a marked rival to Bryonia. He repeated the advice to study first the patient, and then the remedy, especially its symptomatology.

Dr. Gwyun said that he had never so enjoyed a discussion as this of Dr. Allen, and was sorry that duty called him before it was ended.

Dr. Hussey was sure that Dr. Allen had and deserved the thanks of the society for his able address and discussion. He felt, without question, that Hahnemann was a seer. By what method he reached his conclusions Dr. Hussey was not aware, he knew that these conclusions and deductions received corroborations every day. He said some of the suggestions of the morning even then, puzzled him. His experience in the use of potentized medicine during the use of drugs as tobacco, coffee, etc. had been favorable. He could only account for it by a belief that the potentized drug acted upon a different plane in the human system, than that of the crude drug. He cited a case of Hay fever in a chemist, while employed in the midst of odors of all the kinds induced by that particular profession, and its perfect cure, with Tuberculinum. He said that it took three years to accomplish the cure,

but that it was done without change of habit. Knowing such facts it was hard for him to understand why a remedy carried into the realm of dynamics should be influenced by the crude drugs.

Dr. Allen had been much interested in the developement of the sphere of usefulness of a new nosode, Malandrinum. He had seen cured during a proving of the remedy, a bad case of rhagades of the palms.

Dr. Keese was puzzled to find a reason for certain prescriptions. A case in which China seemed indicated, did but little and then came to a stand still. Dr. Keese recalled the advice of Dr. Nash in such cases, to give a dose of the nosode. He did so with good results; China acted favorably after the dose of Psorinum. He wished to know of Dr. Allen on what symptoms he had prescribed.

Dr. Allen said that some men could answer hard questions, he could not always. He presumed that if Dr. Keese had taken the record of Hahnemann's psora in Chronic Diseases, and looked for the symptoms, he would have found them all there. In the psoric diathesis one is as strongly a marked symptom as another; the depth of the disturbance pointed to a nosode; which the character of the sickness had to define. A jumble of symptoms was another indication for a nosode. He said that cases of typhoid, of quinsy, etc., were rarely or never found except in a psoric, or tubercular diathesis.

Dr. Nash found that he often had to trace the history of a child to its birth, and even to the idiosyncrasies of its parents. Adjourned for luncheon.

The president, Dr. Hussey, called order at 2:45 P. M., and gave a short talk upon the work of the year, reminding the society that it was the annual meeting. He expressed gratification at having been chosen president of the Central Society, and considered it an honor entirely undeserved on his part. He was certain that the work of the society had been of value to each participant, and knew that it had been of value to himself.

He recalled the subject that had been agitating the medical profession at large, as also the general public, viz., the "Unification of all Schools of Medicine". He thought as the press had given such wide publicity to the controversy, from both sides of the subject, that it would soon become a vital matter, to be met and decided by each practicing physician. The fact that Buffalo had been the center of the discussion had brought the matter home to him more directly than to those living at a greater distance. He quoted at length the view of Dr. Rochester, in the *Buffalo Medical Journal*, in a paper entitled "Is Medical Unity Practical?" and desired the opinion of the members upon the subject.

Dr. Nash.—The subject had been discussed the two previous days before the State Society at Utica. He thought the general understanding of "our" party was an effort at defeat by trickery; that what the old school had been unable to do in a fair fight they had endeavored to accomplish by policy, therefore the State Society was unwilling to accept the overtures.

Dr. Nash then presented a few thoughts upon the subject at Utica the previous day and of which the following is a brief resume.

Warning the homeopathic profession that care should be exercised when effort was made to amalgamate truth and error, Dr. Nash pointed to the hundred years of persecution suffered in the cause of the "law of cure" as promulgated by Hahnemann, and asserted that it was the only law in therapeutics ever discovered that has stood the test of time and remained the same as a century ago. He said this law was voiced in the formula *Similia Similibus Curantur*.

Dr Nash recalled noted names in the profession gone to their reward and of whom the profession to-day were but humble followers, and said that it was due to them, to ourselves, to the government that recognized and to the public that employed, that "not the tithe of a hair" should be abated from a full claim to recognition of the truth of principles that made the profession a distinctive school. That it had come to stay. That nothing but unwarranted

prejudice had ever stood in the way of a recognition of Hahnemann's teaching, potency and all. He said that when the time came the able authors of the homeopathic school could be kept and referred to by a physician, without his being "called down" by county, state, or national society for irregularity; there would then be reason for accepting, in good faith, the courtesies extended, and less reason for the existence of a separate school.

A motion was seconded and carried that the Central New York Homeopathic Society "accept and indorse" the sentiments of Dr. Nash upon the subject "Unity in Medicine."

Dr. Stow moved a vote of thanks to Dr. H. C. Allen for his attendance and for the added interest given to the meeting by his able discussion of the instructions given by Hahnemann in relation to a correct prescription.

Dr. Allen thanked Dr. Stow and the Society for their commendations and said he would rather come from Chicago to Syracuse to meet five members of the Central Society, than to travel the same distance to meet a hundred of a Society with a less complete knowledge of homeopathic principles. He considered that the knowledge of these principles, expressed by the society, had served to fortify each member for renewed effort toward further development of its truth.

Dr. Dever endorsed the opinion of Dr. Nash upon the final unity of the schools of medicine, and said that one reason against inviting the old school to join homeopathic societies, was the kind of material they would bring for discussion. He believed that the material was mostly "poor stuff." He knew that the old school men were utterly unable to comprehend the view-point of a truly homeopathic society. He thought that this was markedly caused by their need of a correct *Materia Medica*.

Dr. Stow thought that the maxim: "fear the Greeks when they offer reward," would apply to this overture from the old school. He had seen, in their ranks, no increased love for Homeopathy, but had seen among the better class of the practitioners of that school, a disposition to extend

more courtesy than heretofore. If overtures so-called were honest, he thought they should be fully explained, and each school should be recipient of a truth when presented by the other. Until the old school accepted proven facts; he considered that the schools were unready to meet in harmony. He commended Dr. Nash's proposition. He drew attention to the fact that there were many whose normal vision was sharper and more correct than others; many more whose minds had a clearer grasp and deeper understanding of the great problems of the universe; but that it would ill become those of lesser vision, or intellectual keenness, to deny the discoveries made through the exercise of those advantages without careful personal investigation. He reminded the society that those possessing extreme mental or physical clearness of vision were always in the minority, and that homeopaths must content themselves for many a day to be in the minority with those able to grasp the deeper truths of life.

Dr. Nash inquired why, if the old school was open to conviction, a chair of Homeopathy was not established in each medical college.

Dr. Dever replied that it would not work. He said that the University of Michigan had been forced to comply with the demand but that compliance had resulted in the appointment of men whose knowledge of homeopathic principles was so infinitesimal, that it resulted in an increased advantage to the old school, and was probably done for that purpose.

Dr. Dever then presented a few.

CASES FROM PRACTICE.

It occurred to me that the history and treatment of some cases, might be of as much interest to the members present as anything which I might be able to offer. I have, therefore, selected the following, and regard them as typical of their class. Especially is this true of the first one of the series, both as to treatment and results.

CASE I, came to me a well developed case of cancer of the left ovary. "The Opprobrium" was not withheld, but the operation was performed by skilled hands, and a tumor

weighing twenty-six pounds was removed. The patient made a quick recovery and was discharged from the hospital as *cured*. The lady from whom the tumor was removed was seventy years of age, but the cancer was much older, as the family history will show. The mother died of cancer of the uterus at the age of seventy, showing the deep-seated nature of the psoric difficulty, which, in this case, was not, and in any other case cannot be reached by the knife of the surgeon. This further details will plainly show.

In less than a year the whole of the uterus and all of the appendages were removed for cancer of the uterus, and she was again discharged from the hospital, by the same surgeon, *cured*?—of course by a surgical operation.

In six months after the last named operation she came to me. I thoroughly examined the case and found the *vagina* filled with cancerous tumors the size of a grape and larger. They had already encroached on the meatus, causing some difficulty in urinating. I reported the case to the surgeon, who wrote to the patient to put herself wholly under my care as surgical interference would afford her no further relief. I then took charge of the patient.

A study of the the patient led me to select *Sepia*, which I prescribed in the 200 and cm. potency, with the satisfaction of having relieved her of any suffering until the end came, nine months later.

I have reported this case, more especially, for the reason that it represents a great majority of the so-called cures which are accredited to the surgeon's knife. The facts are, they are not cures, and not even "a stay of proceedings" can be accredited to the operation, whereas in many cases, the difficulty is hastened to a fatal termination.

CASE II, was a French woman. She came to me after having resorted to all allopathic measures in her reach. She had been at Albany to a skin specialist and found herself rather worse than better. She was truly a sight to behold, as she was covered with herpetic blotches from the soles of her feet to the crown of her head. The eruption itched and burned when scratched, with peeling off of the cuticle,

leaving large, red spots. For the condition of the patient and especially for the circular herpetic spots I prescribed Sepia 30th. One dose every Sunday night for six weeks greatly aggravated, but as I explained that my plan was to bring the eruption out on the skin and not drive it to internal parts, she was satisfied and returned for her medicine. This she received in the Dunham's 200, a dose every month. The patient was about seventy years of age, consequently I had to repeat the remedy more frequently than would have been necessary had my patient been a young person. However, it is sufficient to say that she was cured of a difficulty, which had made itself known through the skin symptoms that are peculiar to Sepia.

CASE III. A case of acne rosacea. The possessor of this annoying difficulty was a society lady and much exercised in regard to her personal appearance. She attributed the difficulty to Rhus poisoning, which in my opinion might have been the exciting cause that developed the deep-seated psora. Sepia 30, one dose per month, for one year, cured the patient of the psora which had appeared on her face and nose, and of an adhesive clay-colored deposit in the urine, accompanied by pain in the lumbar muscles that was relieved by heat and motion.

CASE IV, was an aggravated case of quinsy. This patient lives in Chicago, and to the best of my knowledge, had never, previous to the time when I took charge of her case, been treated by a homeopath; certainly not by a Hahnemannian.

The patient, a lady about twenty-four years of age, was a brunette, married. For several years she had been subject to attacks of quinsy. She at no time fully recovered until another attack would be ushered in, when the doctor, with his gargles and poultices would camp on the premises, and give battle to the mighty foe, that as before stated, though driven to cover, had in many instances only relaxed its grasp on the throat after days of anxiety and the severest suffering. I found the patient complaining of no symptoms except a sore throat, for the relief of which her doctor had

told her that the knife alone was the remedy. Objectively her throat was red, and had every appearance of the maltreatment to which she had been subjected; and presented nothing on which to hang a prescription. But the subjective symptoms were all I could ask as she stated that the pain would begin on one side, and then go to the other and again return: "first one side and then the other."

Lac Caninum produces this symptom of going back and forth from one side to the other and when I find it whether in the throat, or any other part of the anatomy I prescribe this remedy.

In this case I gave first the 200 two or three doses. Then followed it in a month with the cm., since which no other dose has been needed. The cure was a finished one because Lac Caninum was the remedy, not only for the quinsy, but for the symptoms, and it must cure the patient every time the symptoms are present.

CASE V. After the return of the Ninth Regiment from Cuba, it went into quarters at Sackett's Harbor. Many soldiers were sick with intermittent fever of a severe type, which they had contracted while on the Island. Such fevers are hardly ever, I might say never, known to occur in this section of the state unless brought from some malarious district. Sargent Tool was a victim of the disease which he had contracted in the service. He had been dosed by the regulation remedy, quinine, with no effect save that of holding the patient to a condition bordering on the "ragged edge" of physical destruction. He was weak, emaciated and tormented with chills, fever and night sweats, which had reduced him from a strong, healthy young man to a mere shadow of his former self.

The fever was not regular in time, as it would postpone, and then anticipate one or two hours.

The paroxysm began with aching all over, after which he felt cold chills running up the back.

It was attended by a dry, hacking cough, which caused his friends to fear consumption.

Chill with thirst and desire for acid drinks.

Nausea and sometimes, though not always, vomiting; sometimes he vomited as the chill disappeared.

His lips and finger nails would turn blue during the chill.

When the chill was at its height, he shook until the bed shook.

Heat was long-lasting, with thirst. I chose for the above conditions Eupatorium Purpureum 200, one dose, which put a stop to the chills and fever, but the patient, supposing himself well, unwisely exposed himself and relapsed, I then gave him three doses of Eupatorium. He was some time recovering, but made a good recovery, and at this time is a healthy young man.

CASE VI. was also a case of intermittent fever and while there were symptoms common to both of these cases, notably the blue lips and nails, they differed individually, and of course required different treatment, as every Hahnemannian will readily see. The patient, a soldier, had contracted the malaria in the Phillipine campaign and had taken plenty of quinine.

The chill came every second day about 10 A. M., beginning with a severe pain in the head followed by cold hands and feet.

Great thirst and nausea at the expiration of the cold stage, followed by fever, sleep and sweat. Natrum Muraticum was the remedy which restored this patient to health. Of course after the chills are cured it requires time to recuperate before a patient can be pronounced well.

CASE VII, was in the beginning a bad case of cholera in a school girl aged eleven.

She had jerking of the whole body and twitching of the face, mouth and eyes to an alarming degree.

She had difficulty in retaining her urine.

Tingling in legs and arms, which she described as going to sleep; jerking of limbs and so weak and tired that she could not sit up.

No disposition to do anything, she was peevish and irritable, which was the reverse of her disposition when well.

Headache, with pressure in the forehead, aching in the eyes, with sparks and white spots before the eyes.

For the above symptoms I prescribed keeping the name for the difficulty out of sight as much as possible, Sulphur 200, a dose at long intervals and in due time she recovered and resumed her school work. After a time she discovered that her eyes would twitch and cross, so much that she could not see. I demanded of the parents that they keep her out of school, until she had time to fully recover from the shock from which the nervous system had suffered during her sickness. I then prescribed Sulphur 200, one dose, which righted things for two or three months; but she had a return of the peculiar eye symptoms after entering school, and this time I told her to go to school, but I gave her another dose of Sulphur as before. In the course of two years I had to prescribe four or five doses of the remedy to meet this condition.

Finally she came to me, saying, "Doctor I have to wear glasses." I asked her "Why?" She told me that a certain doctor who treats nervous diseases and fits glasses, told her that she must wear glasses. I said "no!" to keep away from the specialists; that when she got wholly well, her eyes would be all right, to make no mistake by having glasses adjusted to her eyes, when there was nothing for which she should wear glasses. But good advice is not always taken and was not in this case, as the glasses were adjusted and a large fee paid. It was not long after, until the child came to me with these comforting words: "Doctor, you know more than Dr.—, his glasses nearly killed me, I could not wear them and had to throw them away." The young lady had Sulphur cm. at different times. She is now eighteen years old and is at this time preparing to enter Hering College next year and hopes in due time to graduate from that praiseworthy institution a full-fledged homeopathic physician.

[This patient evidently needed a stronger potency of Sulphur. ED.]

No other papers being offered the annual report of the Treasurer was read and approved.

The Sec'y gave an extended report of the work during eleven years, suggesting some change in method.

REPORT OF SECRETARY.

Reviewing the work accomplished by the Central Society since 1891 the period of the present occupant of this office, it has been creditable. The Transactions have been published, scholarships to the amount of \$160 have been paid, petitions in interest of reformed medical legislation have been forwarded, a celebration of the fiftieth anniversary of the society has taken place, and many able members of the homeopathic profession have, from time to time added to the interest of its meetings.

Dr's. H. C. Allen, Beebe, Belding, Kent, Levenson, Morgan, Schwartz, Straten, have severally, and, one or two of them several times, discussed at length, subjects in which they were experts and the society was benefitted.

The chief interest of the society at this time should center upon the work of individuals. This has varied much in quantity and regularity. The memberships list numbers thirty-nine. The estimate of work for each member if all responded to the call of the president, at the rate of four papers a meeting, four meetings each year, would be but one paper to each individual every $2\frac{1}{2}$ years; with an average of three papers per meeting, would be but one paper for each member every $3\frac{1}{2}$ years. Surely not a great burden to any one.

The records of the society show that of the thirty-nine members nine have not responded to the call of the president. Of the remaining thirty the contributions are unequally distributed, two having presented fifteen papers each, the rest varying from one to nine in the eleven years. Principally lower figures. Length of membership must be considered in some cases. Results of such co-operation are easily computed.

A suggestion tending to more equitable adjustment of the work of the society is offered, in an alphabetical arrange-

ment of the names of members, a decision as to the number of papers needed each quarter, and a pledge from the members to respond to the call of the president, or furnish a substitute. Organizations of many kinds, where there is active membership for mutual benefit, accomplish their object in some such manner, why not a medical society. Certainly, Section XI of the by-laws of this society covers this matter, and all subscribe to them upon their enrollment; but it is hardly necessary for "each member to read an article, or report a case, once each year."

To mention the present difficulties of the president: if he appoints the essayist at the meeting, the program is settled for the next session; if he appoints the essayists after the meeting, and the Sec'y advises the members of their appointment, (the usual method) there is a long wait for a reply, with title of paper. Many times no reply is received, no word offered, even after several reminders. Without a carefully arranged program of what interest in coming to a meeting?

Another solution of the difficulties of the president, in this matter, may here be mentioned.

In reviewing the old records, a reason for the wording of Section XI appears: i. e. "At each regular meeting a subject for discussion shall be named by the society for the next meeting." The early records show that this was done to great advantage. This method seems to have fallen into disuse, except in relation to the Organon. In the early records, the subject chosen might have been a remedy. Then each brought something of his experience as: verifications, old or new; indications old or new; results following the use of the chosen remedy in high or low potencies; provings or reprovings. Again, the subject might have been gynecology, obstetrics, rheumatism, etc., together with the homeopathic treatment thereof. It certainly resulted in very interesting discussions, and the development of the various uses of the remedies.

Whether this method be better than the suggestion of "rotation in office." is a matter for the society to decide.

At least some such method would relieve the great nervous strain of the present, and would seem to result in an elevation of the thoughts expressed in a well digested essay.

S. L. GUILD-LEGGETT, Sec'y.

The president commended this review of the society work and that it would be well to place a copy upon the desk of each member as a reminder of their duty to the society.

The society proceeded to elect officers for the coming year.

For president—R. C. Grant.

For vice president—J. Howland.

For secretary and treasurer—S. L. Guild-Leggett.

For censors—Drs. Nash, Ross, Alliaume.

Adjourned to meet Dec. 11, 1902, at Rochester, N. Y.

S. L. GUILD-LEGGETT, Sec'y.

Lachesis. Heartburn; everything sour; food becomes very acid as soon as it reaches the stomach.

Spot as large as palm of hand over left ovarian region; feels as if hot wet clothes were on it; sweats at night; *very sensitive to touch*, can scarcely bear weight of night dress. These symptoms were developed from 200 given for epileptiform spasms. □

Sensation in left heel as if a worm crawling around; exceedingly annoying during the day an kept awake nearly all night.

When he goes to sleep he stops breathing, wakes up suffocating and fears to go to sleep because of another attack (Cadmium, Sulph. Carbo An., Grindelia rob., Opium.)

Intolerable pinching and itching in spots on lower extremities, relieved by plunging feet in cold water; worse after sleep (Compare Apis, Ledum.)

Mercurius. Cough, with aggravation and utter impossibility of lying on right side; with fugitive pains changing place every hour or every few hours, or every day or two. More frequently indicated in lung disease than Pulsatilla.

TAPEWORM AND OTHER GERM PRODUCTS OF DISEASE.

BY SAMUEL HAHNEMANN, M. D.

Let it be granted now, what cannot be doubted, that no diseases—if they do not result from the introduction of perfectly indigestible or otherwise injurious substances into the stomach, or into other orifices or cavities of the body, or from foreign bodies penetrating the skin, etc.—that no disease, in a word, is caused by any material substance, but that every one is only and always a peculiar, virtual, dynamic derangement of the health; how injudicious, in that case, must not a method of treatment directed toward the expulsion of that imaginary material substance, appear to every rational man, since no good, but only monstrous harm, can result from its employment in the principal diseases of mankind, namely, those of a chronic character!

In short, those degenerated substances and impurities that appear in diseases are, undeniably, nothing more than products of the disease of the abnormally deranged organism which are expelled by the latter, often violently enough—often too violently—without requiring the aid of the evacuating art, and fresh products are always developed as long as it labors under that disease, and to form an accurate portrait of it, so as to enable him to cure it with a similar, medicinal morbid potency.

There is a semblance of necessity in the expulsion by purgatives of worms, in so-called vermicular diseases. But even this appearance is false. A few lumbrici may be found in some children; in many there exist ascarides. But the presence of these is always dependent on a general taint of the constitution (the psoric), joined to an unhealthy mode of living. Let the latter be improved and the former cured homeopathically, which is most easily effected at this age, and none of the worms remain, and children cured in this manner are never troubled with them more; whereas after

mere purgatives, even when combined with cina seeds, they soon reappear in quantities.

"But the tape worm," me thinks I hear some one exclaim: "every effort should be made to expel that monster, which was created for the torment of mankind."

Yes, *sometimes* it is expelled; but at the cost of what after sufferings, and with what danger to life! I should not like to have on my conscience the deaths of so many hundreds of human beings as have fallen sacrifices to the horribly violent purgatives directed against the tape-worm, or the many years of indisposition of those who have escaped being purged to death. And how often does it happen that after all this health and life destroying purgative treatment, continued for several years, the animal is not expelled, or if so, that it is again produced!

What if there is not the slightest necessity for all these violent, cruel and dangerous efforts to expel and kill the worm?

The various species of tape-worm are only found along with the psoric taint, and always disappear when that is cured. But even before the cure is accomplished they live—the patient enjoying tolerable health the while—not exactly in the intestines, but in the residue of the food, the excrement of the bowels, as in their proper element, quite quietly, and without causing the least disturbance, and find in the excrement what suffices for their nourishment; they then do not touch the walls of the intestine, and are perfectly harmless. But if the patient happen to be affected with an acute disease of any kind, then the contents of the bowels become intolerable to the animal; it twists about and irritates the sensitive walls of the intestines, causing a peculiar kind of spasmodic colic, which increases materially the suffering of the patient. (So also the foetus in the womb becomes restless, turns about and kicks only when the mother is ill; but when she is well it swims quietly in its proper fluid without causing her any suffering.)

It is worthy of remark that the morbid symptoms of

patients suffering from tape-worm are generally of such a kind, that they are rapidly relieved (homeopathically) by the smallest dose of tincture of male fern root; so that the peculiar condition of the patient, which causes this parasitic animal to be restless, is thereby at once removed; the tape-worm then feels at ease, and lives on quietly in the excrement of the bowels, without particularly disturbing the patient or his intestines, until the antipsoric treatment is so far advanced that the worm, after the eradication of the psora, finds the contents of the bowels no longer suitable for its support, and therefore spontaneously disappears forever from the now cured patient, without the least purgative medicine.

MEEDLESOME SURGERY.

With a warning that the surgeon's knife may be used too frequently Sir William Hingston, professor of surgery at Laval university, Montreal, in his dedicatory address in Senn hall, the new adjunct to Rush Medical college, said:

"The domains of medicine and of surgery can never be separated. It may fail to gratify the physician to see surgery obtain quickly, and by a few strokes of the knife, what medicine had failed to accomplish, but, on the other hand, has not the physician to stay, and with advantage, the hand of the surgeon?"

"The immunity with which the most formidable operations are now performed has given a confidence—might I not say, a recklessness, possibly—which renders the staying hand of the physician of priceless value. Especially is this true, when, as it sometimes happens, the inexperienced surgeon hurriedly resorts to a tentative operation to establish a diagnosis where one more experienced would see no reason for the procedure."

"I have more than once observed the meddlesomeness of a surgeon to be in a direct ratio to the measure of his inexperience."

EDITORIAL.

All Contributions, Exchanges, Books for Review and other communications should be addressed to the Editor, 5142 Washington Ave. who is responsible for the dignity and courtesy of the magazine, but not for the opinions of contributors.

THE POTENCY QUESTION.

The recent praiseworthy attempt of the editor of the *Medical Century* to solve the question of dose or of potency resulted in a symposium of personal experience by some of the ablest writers in the homeopathic school. This experience, it is true, shows a gratifying increase in the number of those who use the single remedy, and a consequent increase in the number who are gradually, cautiously, almost unconsciously acquiring a knowledge of the *art* of healing. But at best, it is only a personal matter with them. It does not strike at the root of the question, or attempt a solution of the problem. *Why* we use the potentized instead of the crude drug, except that we obtain better results from it, is not even hinted at. The concensus of opinion appears to be that the remedy, not the prescriber, is at fault.

The cure of the sick appears to be hampered by some mysterious, inherent, unexplainable defect in the medicine which produces a mental condition of doubt and uncertainty on the part of the physician. This is freely expressed both in public and private by allopath, homeopath, osteopath and eclectic in the hackneyed and senseless expressions: "I do not believe," or "I have no faith" in such a dose or potency, though what effect "belief" or "faith" can have on a remedial agent or a natural law it is impossible even for the nonbeliever to explain. Perhaps it may be for the same reason that a dose of morphine benumbs both the sensibilities of the patient and the conscience of the doctor.

We do not treat any other scientific problem like this. It seems improbable, yes, even impossible that oxygen and hydrogen unite to form water, yet, instead of rejecting it

we test it in the laboratory. Why not subject similia and potency to the same test—the laboratory of clinical experience—instead of rejecting them because “I do not believe?” Dr. Watzke and his Vienna provers, allopaths though they were, did not “believe” that sodium chloride could produce the symptoms recorded by Hahnemann in any dose, crude or potentized, especially while in daily use on our tables, and they promptly proceeded to disprove or verify his statements by personally repeating his provings, verifying his experiments, and much against their “belief” publishing the fact that they found the 30th potency the most effective and prompt in producing pathogenetic symptoms on the healthy.

Hahnemann has laid it down as a result of years of clinical experience that the 30th potency was the most effective (he had used up to that time) in both acute and chronic diseases, yet our so-called scientific practitioners condemn it without a trial because they “do not believe it.” Almost without an exception, the writers in the symposium began practice with the crude, 1x or 3x potencies, and now use the stronger or higher potencies because with them they obtain the best results. And just why they use the low, or weak potencies in *acute* and the high or strong potencies in *chronic* diseases they are unable to explain. The reverse should be true if judged by clinical experiment. Many a case of croup, peritonitis, typhoid, pneumonia, diphtheria, dysentery, etc. now lost or sick for weeks, would be aborted or promptly cured under the stronger powers. And this is true of every remedy in the materia medica from Aconite to Zinc. And to eradicate the chronic diseases due to psora, sycosis, syphilis or tuberculosis with crude drugs or weak potencies is an idle dream. Like our symposium colleagues we have run the scale of potencies from the crude drug up and now plead for the bridge that has carried us safely over many a chasm both in acute and chronic affections.

The pathological wing of the American Institute of Homoeopathy fixed the limit of potency at the 12th decimal, where with a strong power particles of Aurum can be seen with the

microscope. Thus far thou shalt go and no farther, said the Institute, and all clinical cases cured with the 30th or higher potencies must be rejected by the publishing committee, was the evident intent of the leaders.

But such treatment of a scientific subject, a corollary of the law of cure, is little else than bigotted prejudice. Why not treat all potencies alike? Put them to a practical test and publish the failures, then the profession can determine whether it be the potency or the prescriber. Put it on the same basis that you do the law of cure, "the axiom of experience."

Hahnemann's system of medicine is based on dynamics; all others on mechanics. The cause of disease according to Hahnemann is dynamic, and on this plane he places the potency which must correspond to the dynamic strength of the patient. Here is the result of years of observation and experiment which he has left us.

ORGANON § 9. In the healthy condition of man, the spiritual vital the force dynamis that animates the material body (organism), rules with unbounded sway and retains all parts of the organism in admirable, harmonious, vital operation, as regards both sensations and functions.

§ 10. The material organism, without the vital force, is capable of no sensations, no function, no self-preservation; it derives all sensation and performs all the functions of life solely by means of the immaterial being (the dynamic vital force) which animates the material organism in health and in disease.

§ 11. When a person falls ill, it is only this spiritual, self-acting vital force everywhere present in the organism that is primarily deranged by the dynamic influence upon it of a morbid agent inimical to life; it is only the vital force deranged to such an abnormal state, that can furnish the organism with its disagreeable sensations and incline it to the irregular processes which we call disease; its morbid derangement only makes itself known by *morbid symptoms*, and in no other way can it make itself known.

§ 12. It is the morbidly affected vital force alone that produces disease,* so that the morbid phenomena perceptible to our senses, express at the same time all the internal change, that is to say, the whole morbid derangement of the internal dynamis; in a word they reveal the whole disease.

*How the vital force causes the organism to display morbid phenomena, that is, how it produces disease, it would be of no practical

utility to the physician to know and therefore it will forever remain concealed.

§ 13. Therefore disease considered, as it is by the allopathist, as a thing separate from the living body, from the organism and its animating vital force, and hidden in the interior, be it of ever so subtle a character, is an absurdity, that could only be imagined by minds of a materialistic stamp and has for thousands of years given the prevailing system of medicine all those pernicious impulses that have made it a truly mischievous art.

§ 16. Our vital force as a dynamis cannot be attacked and affected by injurious influences on the healthy organism caused by the external inimical forces that disturb the harmonious play of life, otherwise than in a dynamic way, and in like manner, all such derangements (diseases) cannot be removed from it by the physician in any other way than by the dynamic alterative powers of the medicine acting upon our dynamic vital force, so that it is only by their dynamic action on the vital force that remedies are able to re-establish health and vital harmony.

We potentize a remedy to obtain its dynamic force, its curative powers, not merely to reduce the material quantity of the crude drug. This dynamic force, potency, must correspond to the dynamis of the patient. The susceptibility, idiosyncrasy, individuality must decide the strength of the dose.

§ 278. Here the question arises, what is the most suitable degree of minuteness for sure and gentle remedial effect; how small, in other words, must be the dose of each individual medicine, homeopathically selected for a case of disease to effect the best cure? To solve this problem and to determine for every particular medicine what dose of it will suffice for homeopathic therapeutic purpose and yet be so minute that the gentlest and most rapid cure may be thereby obtained to solve this problem is, as may easily be perceived not the work of theoretical speculation: not by fine spun reasoning, not by specious sophistry can we expect to obtain the solution of this problem. Pure experiment, careful observation and accurate experience can alone determine this, and it were absurd to adduce the large doses of unsuitable (allopathic) medicines of the old system, which do not touch the diseased side of the organism homeopathically but only attack the parts unaffected by the disease in opposition to what pure experience pronounces respecting the smallness of the doses required for homeopathic cures.

§ 279. This pure experience shows *universally* that if the disease do not manifestly depend on serious organic lesion of an important organ, and if during the treatment all other alien medicinal influences are kept away from the patient, *the dose of the homeopathically selected remedy can never be prepared so small that it shall not be stronger than the natural*

disease and shall not be able to overpower, extinguish and cure it, at least in part, as long as it is capable of causing some though but a slight aggravation.

§ 280. This incontrovertible axiom of experience is the standard of measurement by which doses of all homeopathic medicines, without exception are to be reduced to such an extent, that after ingestion they shall excite a scarcely observable aggravation, let the diminution of the dose go ever so far, and appear ever so incredible to the materialistic ideas of ordinary physicians; *their idle declarations must cease before the verdict of unerring experience.

*Let them learn from mathematics that a substance divided into ever so many parts always contains some of the medicine and cannot possibly become nothing; that there are many powerful forces entirely destitute of weight such as light, heat, electricity etc. Let them weigh if they can the irritating words that bring on a bilious fever or a convulsion; or the sad news respecting her only son that kills the mother.

But the most absurd, inconsistent and illogical objection is that of uniformity in make or scale; that all potencies are not made in the same way or by the same scale, hence cannot be explained by mathematics; that they are not Hahnemannian. Hering's decimal scale is not Hahnemannian, yet it is used by nine-tenths of the homeopathic profession simply because the remedies contain more of the crude drug that can be seen, felt or tasted, and are hand-made. But who dare say that there are not other scales equally as good as the decimal or centesimal? What would we have known of the value of the decimal scale if we had not tested it in the cure of the sick?

To meet the objections to machine-made potencies and at the same time satisfy the demands of scientific accuracy in their preparation Boericke and Tafel made their celebrated 30, 200, 500 and 1000 with alcohol instead of distilled water; and they do the work assigned them every time and everywhere in our practice and we have used them many years, yet hand-made and accurate as they are they do not cure as quickly or as permanently as their new cm. potencies made with the Skinner machine.

The editor of the *Century* says, "there has been a great deal of harm done to Homeopathy by the employment of what are termed fluxion potencies. No one knows what these

potencies really are, but everybody knows they are not what they are represented to be". The potencies of Jenichen, Fincke, Deschere and Skinner are claimed to be centesimal and act as promptly and curatively as Boericke and Tafel's hand-made preparations. We know for we have used them for years. Has the editor of the *Century* ever put them to the test? Is it fair to condemn them—as Dr. Quine and his colleagues do Homeopathy — without a trial? The editor of the *Century* uses the 30th centesimal without any conscience qualms and finds it efficacious both in acute and chronic disease. Dr. Quine ridicules it to scorn as the height of absurdity (see page 9 Jan. issue of ADVANCE); but he has never tried it, hence *knows* nothing about it. Is this honest treatment of a scientific problem upon which health and life depend? Better not throw stones while living in a glass mansion.

These outspoken opponents of Hahnemann's dynamic system of medicine are doing "a great deal of harm to Homeopathy" by promptly adopting the fleeting fads of empiricism. What about antitoxin for instance? What is it? How is it made? Is it decimal, centesimal, fluxion, or what? What is the potency after the diphtheritic toxin has been run two, three or four times through the blood of a sick horse? How accurately has it been weighed or measured? Is the diphtheritic toxin plus the diseases of the animal, plus carbolic acid or trikesol a single remedy? It has never been proved on the healthy, and is given for diphtheria—the diagnosis, the name—irrespective of conditions or the individuality of the patient thus violating the essential elements of similia, yet no objection is made either to the pharmaceutical of the preparation or the practice of Isopathy. Hence it cannot be the law of similars for all who have honestly tried it have adopted it; it cannot be the potency, for like the law it has never been found wanting. Is it not probable there is something "rotten in Denmark?"

COMMENT AND CRITICISM.

THAT TYPHOID CASE.

Editor Medical Advance.—In the March number Dr. Hoyt claims, but we think fails to demonstrate, that Baptisia tincture cured when the 30 and 200 failed, yet he says: “the homeopath is he who prescribes irrespective of potency.” As he gives but one Baptisia symptom it is impossible to decide whether it was the similar or not, but if it failed in the potencies used it is pretty good evidence it was not correctly selected or it would have cured “irrespective of potency.” Please explain. W. J. C.

[We do not think the explanation offered by Dr. Hoyt explains. The report to us appears defective. The case lacks symptom totality, and while the patient recovered, the rapid pulse and weak heart points clearly to a recovery rather than a cure. The tincture forced down the temperature just as *Veratrum viride* or the ice pack does in typhoid or pneumonia at the expense of the heart. Better stick to our text, the symptom totality and the dynamic remedy. —ED.]

* * *

An Exclusive Treatise On Symptoms of Diseases.—It is a desideratum of the period. Symptoms mean everything. They are the keys that unlock the porta's to a wider comprehension of the nature of lesions of all sorts. Therefore they are diligently studied and compared by physicians and students who weigh, differentiate and classify them, and therefrom deduct a line of treatment. Investigation begins with search for symptoms, and ends in grouping them together. Symptoms guide our therapeutics, and stimulate effort along lines of invention and discovery. If symptoms had ever been the same, a limited number or quantity, with an unchanging and unchangeable import, and the right remedy for each, or each group, had been rightly chosen at the start, the twentieth century physician would be repeating over and over the praiseworthy performances of Hippocrates and Galen.

If the editor of the *Medical Summary*, from which the above quotation was taken, will honestly investigate he will find a number of exclusive treatises on symptoms of diseases already published and what is more significant they are

especially valuable because derived from drug provings of healthy men and women. This work it is true was conceived and put in execution by one Samuel Hahnemann over a century ago. But the twentieth century physician, the follower of Hahnemann with the volumes of symptoms at his command, is doing work of which Hippocrates and Galen never even dreamed. In this practice "investigation begins with search for symptoms and ends in grouping them together" in a symptom totality for which a similar group is to be found among the symptoms of these tested remedies under the benign rule of natural law in the medical world. Here is a system of therapeutics guided by symptoms yet founded on law, the same unchangeable law of which Hippocrates dreamed, but was left to Hahnemann to put in practice. These volumes are the only working books in the history of medicine which have stood the test of time. They are not only as true today as the day they were printed, but every verification in the cure of the sick only increases their value and stability.

* * *

Chelidonium in Serus Effusion. Dr. W. L. Smith, in the April number, page 173 reports a beautiful cure of hydrocele with Chelidonium. For a patient presenting such a train of symptoms no remedy but Chelidonium could be selected. Every case of hydrocele does not have such a totality. Apis, Arnica, Arsenic, Bryonia, Spongia, Iodine and fifty other remedies have cured or may cure hydrocele, each after its individuality; hence it is misleading to affirm that Chelidonium or any other is to be selected in "serous effusions." Perhaps the next case of hydrocele may not yield to Chelidonium and then a la the irregulars, it will be discarded as a failure. Bryonia is equally curative when the symptoms correspond, but neither Bryonia nor Chelidonium can ever cure an Apis case of hydrocele. It is for the patient, not the disease, that the remedy is to be selected.

* * *

The "Pestilent Fungus" is a new synonym for tuberculosis used by Prof. T. Clifford Allbutt in an address at

Glasgow on Nov. 6, 1902. On this the *Philadelphia Medical Journal* comments:

Tuberculosis has gone on counting its myriad victims: The man who has been holding on to what he calls "common sense" and the belief that the life of his father was good enough for him, and that the situation of his home, despite perhaps its bad water-supply and unsanitary location and surface drainage, was as well as ever adapted to his needs, begins to wince when tuberculosis and other infections decimate his own family. Tuberculosis, Allbutt goes on to say, is beating into the farmer, the milkman, the butcher, and into every mother and every nurse, that tubercle is but one of a host of invisible foes, preying upon us and upon those dependent upon us. The oft repeated warning of medical men begins to take hold. Legislators pay heed to the public clamor, and state funds come to the rescue. There may be something like panic in the air. The public begins to look for help. The flogging schoolmaster flogs on, says Allbutt, till the toughest backs begin to smart, and the victims begin to resent and to confess that useless studies are full of utility, that pedantic scrupulousness about infinitely little is statesman-like appreciation of the infinitely large. We have stirred up a hornet's nest, but have done something to remove the sting. We have proven that tuberculosis is an infection but we have shown the means by which it may be avoided.

There is no doubt but our entire hygiene must be changed if we would live *out of* instead of live *into* conditions that tend to foster psoric and tubercular affections. But we need far more to attack the cause than the effect; correct the diathesis by constitutional treatment, thus making the soil uncongenial for the seed and the dreaded tubercle will become harmless.

Prescribing for the Disease.—The following straws show the current of the sluggish stream in therapeutics. The tendency is towards a crude similia based on disease instead of a symptom similitude.

Ipecac. in very small doses frequently repeated will relieve persistent nausea with frequent vomiting.

So will Antimony, Lobelia, Arsenic, Veratrum and 50 other remedies. Ipecac. has *continual nausea, not > by vomiting; profuse saliva; sleepy after vomiting; gastric symptoms, generally with a clean tongue.*

In sudden suppression of the menses from chill, Dr. Ringer recommends tincture of Aconite, one drop every half hour or hour.

Why not Belladonna, Gelsemium, Bryonia, Pulsatilla, Nux or Rhus? If the other symptoms correspond—exposure to draft when heated; dry, hot skin; mental anxiety, etc.—Aconite will cure. But it depends upon the character of the chill, the cause and more especially the individuality of the patient.

One of the very best drugs for chronic hoarseness and loss of voice is phosphorus in small and frequently repeated doses.

A therapeutic fact noted by Hahnemann, 100 years ago, who obtained the hint by proving or testing Phosphorous "in small and frequently repeated doses" on the healthy. But many remedies are just as effective, just as curative as Phosphorus if suited to the symptom totality of the patient. It is the individual patient not the hoarseness that must be prescribed for.

Tetanus Antitoxin.—The delight with which tetanus antitoxin was welcomed has given way to bitter disappointment, for the reports now coming in are decidedly detrimental to use of the serum. The mortality rate is proving as high, or higher, under its use than under the old methods of treatment.

The Medical Summary editorially voices this complaint as the consensus of medical opinion based on the clinical experience of the dominant school. But what else can be expected? It is the history of every remedial agent—Opium and its alkaloids excepted—that has been used as a medicine by the irregular school. When a remedy is given for a *disease* by name, it will cure the cases for which it is the similar and fail to cure all others; hence is discarded as worthless or a failure almost as soon as announced. The remedy is a great success in one epidemic and an absolute failure in the next. This is the question which serum therapy must face. The antitoxin for tetanus is not an exception. Diphtheria, typhoid, etc., must meet the same fate, for no two cases of diphtheria are alike, and no single remedy or combination of remedies ever has or ever can cure all cases irrespective of type or patient.

DR THORNHILL'S CASE.

Editor Medical Advance:—Dr. Thornhill's case published in April number is one of nerve injury. To estimate the

character of that injury. We would have to consider the degree of motions present and the nutrition of the arm, which might be of much more importance than pain. Paresthesia, hyperesthesia and pain on touching might be due to hysteria.

If there is any serious nerve injury, the muscles will show degenerative changes. The trouble might be due to a neuritis; it might be due to imprisonment of nerve fibres in the cicatrix of the wound; it might be due to a bone callus impinging upon the nerve, if the bones were injured.

Nerve injuries are the most inveterate sources of trouble met with in surgical practice and their prognosis is always a matter of doubt.

After gunshot wounds involving nerves, the general condition of a patient has much to do with the subsequent course of the trouble. Soldiers, returning from field duty, in a worn-out, anemic condition, have found the abnormal nerve sensations, due to injury, improve with their general improvement in health.

Of course, no line of treatment or remedies could be suggested without knowing much more of the case than the doctor has given.

GEO. M. OCKFORD

RIDGEWOOD, N. J. May 1, 1903.

Laurocerasus. Sensation as if the heart would turn over, causing him to gasp for breath, relieved by lying down.

Epilepsy. Sudden falling down, with spasms and foaming at mouth.

Fainting Fits Falls down suddenly, in any position in which she may be standing.

Apoplexy: Falls down stupefied, without uttering a sound, and is lifeless in five minutes, without pulse or breath, with icy coldness in extremities and paralysis of all the muscles, the eyes continuing to shine as if full of health until evening.

NEW PUBLICATIONS.

DISEASES OF METABOLISM AND NUTRITION. A Series of Monographs by Prof. Dr. Carl Von Norden Physician-in-Chief to the City Hospital Franford on-Main, Authorized American Edition Edited by Boardman Reed, M.D., Philadelphia. E. B. TREAT & CO., Publishers, New York.

It is due to the disorders of metabolism and nutrition that degenerative changes cut short the activities of so many men and women in middle life,—that, in these latter days, senility and death itself come prematurely to a very large proportion of mankind. It is astonishing what changes for the better can be accomplished in Diseases of Metabolism by a strict hygiene and the correct application of the dynamic similiar. The author gives a fine description of the cause and progress of the derangements and all that is left for the physician is to fit the remedy to the symptom totality; but the habits of life must be corrected. To cure these cases it is essential that the cause or causes be removed.

- I.—Obesity,** the Indications for Reduction Cures, founded upon a critical scientific study, by this eminent pathologist and clinician. Small 8vo, cloth 50c
- 11.—Nephritis.**—His treatment of the various forms of Bright's Disease are based on exhaustive experience and bed-side observations. Cloth \$1.00
- 111.—Colitis.**—This is a masterly treatment of the complex subject of Membranous Catarrh of the Intestines (*Colica Mucosa*). Small 8vo, cloth, 50c.

TRANSACTIONS of the HOMEOPATHIC MEDICAL SOCIETY of PENNSYLVANIA. 38th Session.

As usual this volume contains many good papers in every department of medicine and surgery, and the discussions are very helpful and practical. Judging by its yearly volumes of practical Homeopathy this is one of the best working Homeopathic Medical Societies in the United States. Why Illinois and some other states have not published their transaction is one of the things no man can devine.

THE LEAVEN IN A GREAT CITY. By Lillian W. Betts. Dodd, Mead & Co. Pp. 315. Illustrated. 1902

This work of a philanthropist deals with the tenement house question and in a forceful style leaves the great advance made in the social life of the working people of New York. It clearly demonstrates the particular value and the true influence of the altruists and genuine Christian work in the lives of those who ask for nothing but the opportunity to earn their daily bread.

This book clears up many a dark place in the pressing needs of a great industrial class who bravely maintain a home and a social standing of their own, and by the purity and integrity of their lives materially add to the prosperity and morality of the metropolis of America.

HOMEOPATHY: ESPECIALLY IN ITS RELATION TO THE DISEASES OF WOMEN OR GYNECOLOGY. By Thomas Skinner, M. D., London. Fourth Edition; Greatly Enlarged. Pp. 140. The Homeopathic Publishing Co., 12 Warwick Lane, London, England.

This work is a veritable *Multum in Parvo*; a remarkable book by a man with a remarkable experience. In the introductory he says: "I have practiced as an Allopath for 27 years and this year, 1903, is my 27th year as a Hahnemannian physician, having joined the profession in November, 1849." He is moreover one of the few men in our profession who at one stride leaped from the crude drugs and palliative methods of Allopathy into the dynamic potencies of the Hahnemannian. He did not begin with the 3rd, 6th, 12th, 30th as most of them did, but took Hahnemann at his word and began at once with the strong potencies. From a pupil and private assistant to Sir James Y. Simpson—a bitter opponent of everything homeopathic—to a Hahnemannian practitioner is a bold and a long step.

In the preface the author says: "I am constantly being asked by my professional brethren if I still adhere in opinion and practice to all that I have stated in this little work, as regards my ability to treat all the diseases to which women are subject, more especially painful menstruation,

vaginal and uterine discharges, prolapses, neuralgias, inflammations, ulcerations, cancers, tumors, *et hoc genus omne*—without local medicinal treatment of any kind.” His reply after 25 years’ experience is “that *constitutional treatment alone* is all that is necessary,” and this fourth edition only adds further proof that local treatment is not only unnecessary but often worse than useless. In addition is added on page 82 a new chapter: “A Discovery. The Death of Infants in Utero. Its Prevention and Cure.” This is the cure during pregnancy of the constitutional ailments of mother and child—sycosis, syphilis, psora and tuberculosis—by constitutional remedies! To those not familiar with the possibilities of our science this is one of the greatest discoveries of modern therapeutics, and we only regret that every homeopath is not able to put it in practice. Our readers will never regret the study of this sturdy little volume.

Mezereum. Cough, worse every evening until 12 P. M. or day and night with tension over thorax; when eating or drinking anything hot must cough until food is vomited; from drinking beer.

Natrum Muriaticum; cough with profuse lachrymation; the tears stream down his face whenever he coughs. Pertussis; whooping cough with excessive lachrymation during cough (child coughs only in the day time). Euphr.

Magnesia Carb. Toothache; while riding in a carriage, worse in the cold; at night, compelling one to rise and walk about. The pain is insupportable while at rest (Rhatanhia); during pregnancy; pain, burning, tearing, drawing, twitching, or ulcerative pain with twitching in the fingers or feet.

Manganum Met. Cough; dry, constant irritation under the sternum; worse from talking, laughing, walking, and deep inspiration; always better when lying down; stops when she lies down.

NEWS NOTES AND ITEMS.

Dr. Wm. Maclay Lyon removes from Kansas City to 733 Kansas Ave., Topeka.

Dr. A. H. Crawford. formerly of Hahnemann faculty Chicago, Diseases of the Chest, appears to have taken up another specialty, for in one of our exchanges we see in large type, "Dr. A. H. Crawford's Pile Cerate."

Dr. W. J. Hawkes, of Los Angeles, Cal., erstwhile Professor of Materia Medica in Hahnemann and Hering, of Chicago, has added Official Philosophy and Practice as a department specialty. From his former teaching we little thought he would ever become a disciple of the Chicago school. [The climate of the Pacific Coast however works wonderful changes

Dr. George F. Shears, President of Hahnemann Medical College, Chicago, has a very readable article in the *Cosmopolitan* for April on "Making a Choice of a Profession. It is a scholarly, practical discussion of a question in which we are all interested and which we trust the author will repeat in some form for the benefit of the student world in search of his life work.

Dr. O. B. Blackman, President of the Illinois Homeopathic Association makes an urgent appeal to the members to lay aside pills and patients for a few days and make the annual meeting a professional success. The officers have left nothing undone to make it profitable and we can assure our readers they will be repaid for doing their duty in upholding the credit of their own State Society. IT WAS A SUCCESS.

Legal—The "World-Renowned Dr. E. E. Rohrabach, of Chicago", who advertised to be at Des Moines, Boone and Marshalltown in the interests of the afflicted public, was arrested in Des Moines, convicted in the District court and fined \$300. The plea of the unconstitutionality of the itinerant law was made, but the presiding judge happened to be an ex-Supreme judge, who had previously sustained the statute.

Dr. F. H. Blackmar—announces that on Monday, May 11th. from 3 to 4 p. m. he will open a free clinic for the treatment of lupus and allied diseases by the use of theinsen light.

This like the X-Ray in the treatment of lupus and allied skin affections may be of temporary benefit, but it can only cure from without, like all medicated local applications it is not permanently curative. To be genuine cures they must be from within.

Remarkable Diagnosis. "I suppose" said the physician, smiling and trying to appear witty, while feeling the pulse of a lady patient. "I suppose you consider me an old humbuz?"

"Why doctor" replied the lady, "I had no idea you could ascertain a woman's thoughts by merely feeling her pulse?"

Syphilis in Children was the title of a paper by Dr. C. D. Collins at the last meeting of the Homeopathic Medical Society of Chicago, and strange to say two members reported improvement of obstinate cases of infantile syphilis that had resisted other treatment, under Syphilinum 30 and 200. The stenographer however failed to specify the make, whether decimal, centesimal or fluxion, or whether made by hand or machine thus casting a shadow of doubt on the preparation and the cure. The world moves!

The new vaccination law just passed by the Minnesota State Legislature prescribes that all children before entering school must be successfully vaccinated, or show a certificate of a reputable physician that there are physical conditions forbidding the vaccination of such child.

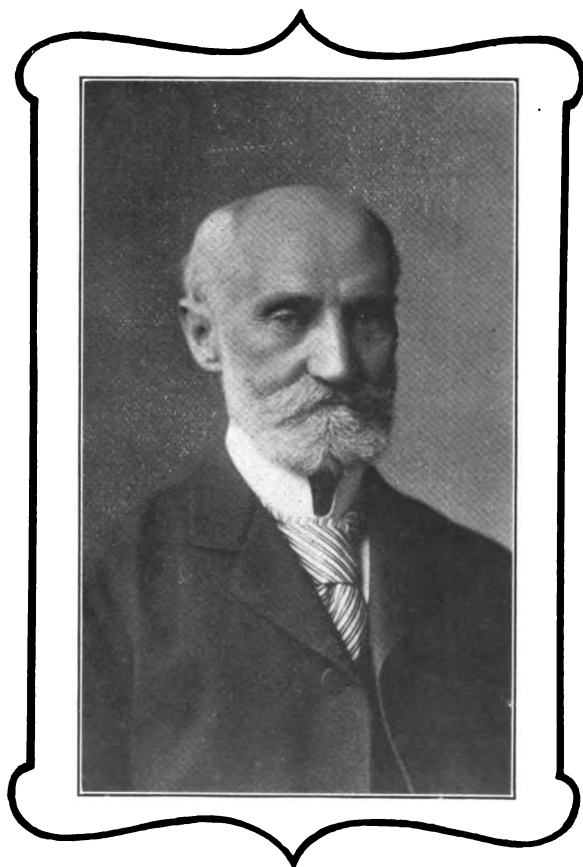
It has been insinuated that there are a few physicians who would issue such certificate for a fee, or to obtain the good will of the family. In order to obviate this, the St. Paul Department of Health will require that any child to whom such certificate has been issued must personally present said certificate at the office of the Department of Health to be countersigned, before a permit to enter the school is granted. The certificate of the physician must be accompanied by an explanatory note stating the reason for such recommendation.

Roseburg, Oregon.

EDITOR MEDICAL ADVANCE—If you know of a TRUE homeopath who wants a place as physician you may tell him that there is a good opening for one in Centralia, Washington. It is a thrifty, fast growing city of about 1200 inhabitants on the Northern Pacific R. R., about half way between Portland and Seattle. Chetalis, of about the same size, is on the same railroad, 4 miles south of it, also without one and easily reached from Centralia, by rail, stage or bicycle. There are besides several small settlements along the railroad. I have lived in both places and found very good society, good schools, and good roads. The climate is pleasant, the winter mild. Do not send one of the "ultra liberal" kind given to morphine etc. "Doctoring both ways."

Yours respectfully,

F. G. Ohme.



H. C. ALLEN, M. D., Chicago,
Editor *Medical Advance*.

The Medical Advance.

VOL. XLI.

CHICAGO, JUNE, 1903.

NUMBER 6.

Three Convincing Cures.

BY FRANK A. GUSTAFSON, M. D., Mason City, Ill.

To prepare a report of three cases that shall be of sufficient interest to command attention is in itself no small task, and when it is further considered that the writer has had but three months' practical experience with the workings of a new science the task is even more difficult. This is my apology for the selection here given. These I have cured. I am curing others. These alone might be called "sure-enough" cures.

A SINGLE DOSE BRYONIA CURE.

Case I.—S. W., female, student, age 28; slim, frail, dark complexion; family history of phthisis; father and two sisters died of consumption. Caught cold last spring; went to an old school physician for relief of resultant cough. Went the rounds, no relief, other than temporary suppression; worse, not better.

This young woman lived in my home and came under my care only because of my invitation to prescribe for the cough. I asked her one evening why she did not do something for that cough. She replied that she had been taking something for it for more than eight months and was about ready to quit. I suggested that she allow me to prescribe. "Your little pills won't do any good" was her answer. However, she consented to try them.

At this time the cough was dry, hacking, worse at night, almost incessant,—pains in the chest, little appetite, flesh failing. I gave Bryonia 6c,—six pellets night and morning, and saw that she got the first dose. She forgot to take them in the morning; had coughed all night as usual. At 6 o'clock of first day after beginning treatment she reported that the cough actually seemed easier. I advised her to take no more medicine unless the cough

became worse. The second night she had the first full night's sleep in months. The cough disappeared within three days. Within thirty days we were obliged to leave B—— for the West and heard nothing further from the case until four months later, when I received a letter in which she stated that she had not coughed since the third day after taking the single dose of Bryonia; had taken no more medicine; had gained twelve pounds of flesh; had not felt so well in years; was a thorough convert of Homœopathy, and begged to be forgiven for her disparaging remarks concerning "the little pills."

A BACILLINUM RINGWORM CURE.

Case II.—Ringworm; Donald G., age 5; always a puny child; no family history of tuberculosis. At the age of $2\frac{1}{2}$ years had a double pneumonia and ever since has had an attack of pneumonia or bronchitis monthly each winter, beginning in November and continuing until May. During these months he was in bed more than half of the time. No attempt at treatment of the disposition other than for the acute attacks, which responded readily to Aconite and Bryonia.

Last September he began to manifest "worm symptoms,"—restless sleep, grinding of teeth during sleep, picking his nose, variable appetite, irritable peevishness. A reddish spot appeared upon the left breast and soon there was marked ringworm.

I put him on Sepia 30 twice daily,—no benefit. Then Bacillinum 200 once in four days. The eruption continued to spread until it covered the whole chest and anterior aspect of both arms, a few spots appearing upon the face. My faith in Bacillinum held good in spite of the apparent aggravation, and a dose of the 200th was given every Monday night. Treatment with Bacillinum began in October, and now, on April 1st, there are no ringworm to be seen either upon the body or the face; the boy is strong, healthy, eats well, sleeps all night without restlessness, tossing or grinding of the teeth; he runs out of doors in all kinds of weather and is out all day, moreover has done so all winter, and, most remarkable, has had no colds, no bronchial disturbance, and not one hour's illness the whole winter. Is not this a confirmation of the "doc-

trine" that ringworm is a symptom of "sub-tuberculosis?" And am I not justified in the belief that this youngster has been cured of a predisposition to tubercular ailments?

AN INTERMITTENT FEVER CASE.

Case III.—Intermittent fever; L. H., aged 36; farmer. Had an attack of intermittent fever last fall; three weeks passed before he succeeded in breaking the fever; has never felt real well since. On March 20th had a severe chill, "shook the bed;" thirst with the chill; "back aches fearfully;" fever, 106°; profuse sweat; during sweat severe frontal headache. *R.* Bryonia 6th.

March 22. No chill the day before, but this morning very severe chill at 7 or 7:30; same course as on the 20th. *R.* Eupatorium perfoliatum 3c.

March 23. No chill, feels quite well.

March 24—7 A. M. Creepy, cold sensation; fever, 102; no sweat.

March 26—7 A. M. Slight chilly sensation; no chill, no fever, no sweat, no headache. This was the last of it. Surely this is better treatment,—cure of all symptoms in six days, than mere control of fever in three weeks as in his former illness.

The more I grow into the homœopathic idea and practice the more grateful I am that I have been able to throw off my old school prejudice and training, and with it mere routine treatment of diseases, to the more rational and scientific treatment of specific individuals for specific symptoms according to specific indications. And the more I see of it, and of my own and others' blunderings and successes, the more confirmed I become in the two-line "creed" of my acceptance—

"Similia, Similibus, Curantur."

"Simile, Simplex, Minimum."

The Cure of a Case of Suppressed Diphtheria.

DR. AMELIA L. HESS, Philadelphia.

Patient—N. H., 12 Years.

- Sept. 15. Dark hair and eyes.
 Normal height, very slight.
 Skin very sallow, almost jaundiced.
 Was a very healthy child up to five years of age, when she had diphtheria. She has never been well since. She had old school treatment.
 Habitually constipated.
 Loss of appetite.
 Irritable and peevish.
 Wants to be alone; buried in a book.
 Will not play with other children.
 Liver enlarged.
 Headache indefinite; eyes at fault.
 (Glasses corrected that.)

Sulfur 55m.

- Nov. 6. Steady improvement.
 As a child very fat.
 Scales like dandruff fall off chest when she is undressing at night.

S. L.

- Nov. 20. Headache once

Sulfur 55m.

- Dec. 11. Improving.

Calc. c., cm.

- Dec. 20. A small tarsal cystic tumor developed on the lower lid of the r. eye. It was hard and painful; an eye specialist advised an operation. I objected, and told them that medicine would remove it. It grew to the size of a pea.

S. L.

1901.

Jan. 3. Cyst opened and discharged freely.
Feels very well.

S. L.

Feb. 8. Indigestion.
Old symptoms.

Sulfur 55m.

March 6. Cold—grippe (?).

Silicea 6m.

April 27. Doing nicely.
A little cold.

Calc. c., cm.

June 5. Leucorrhœa slight.
Very well otherwise.

Sulfur 55m.

Sept. 27. Enjoys the best of health; has gained about twelve pounds in weight. When riding in cars used to get very sea sick, but this summer she took several long journeys, and had not the least discomfort. She is fond of play, now, and the company of her little playmates.

A Homeopathic Cure of Inflammatory Rheumatism.

BY R. DE LA HAUTIERE, M. D., San Francisco.

James W., æt. 15, bilious, mental, motive, temperament. Inflammatory rheumatism, repeated attacks since his sixth year; every winter he suffers more or less from it. Until this year he has always been treated locally.

Found patient suffering much pain, complaining of chilliness, night sweats, thirst, no appetite, very restless, although moving both < and > him. *Rhus 500*.

Jan. 7. No improvement, all symptoms < restless, could not turn over in bed without assistance. Could not bear to have any one touch him.

Distressing cough; "it hurts down in my stomach." Rhus 1m.

Jan. 8. All symptoms worse, no sleep night before,

Feet swollen twice their normal condition; painful to touch. If moved at all must do so slowly; that caused so much suffering to patient he cried bitterly.

On questioning him and learning his aversion to butter, fat food, and with the slow motion and tears, I determined to give him Pulsatilla 200.

The neighbors insisted on the mother calling in a specialist on rheumatism; of course, I did not receive much encouragement, and needless to say no money. However, I felt that this was my last chance, so gave the tearful remedy.

Jan. 9. I rather reluctantly approached the house expecting to learn that the more valuable man had been employed. What was my astonishment to see a smile on mother's face. In answer to my question, "How is the patient?" "See for yourself." Found the much tear-bedewed young lad comfortably turned on his side reading a book. I asked him how he was. "All right; my cough is the only annoyance I have." Plenty of placebo followed to show my gratitude.

Jan. 10. Patent up; sitting by fire; no pain; slight stiffness; cough at times. Saw him again on 13th. No pain, nothing but a slight stiffness about the ankles. Generally improved. How about old school specialists! Six weeks and hot flannels, isn't it?

Involuntary Proving of Malandrinum.

By J. M. SELFRIDGE, M. D., Oakland, California.

In the ADVANCE for October I read your paper on a proving of Malandrinum with interest, as I have been giving it in place of vaccinating after the old fashion. As a result of giving two powders to each of three persons in the same family I send you the symptoms produced. I sent the 30th attenuation, and as they knew nothing as to what they were taking or what to expect the result seems to me to be of interest.

The following symptoms were written to me by the unmarried

lady of the family. The other lady is her sister, and Mr. C—— is her brother-in-law, a minister.

“The symptoms seem much the same with all of us. General fatigue and depression of mind, headache and indigestion with nausea. M—— and I feel that we both have had two restless, feverish nights with troubled dreams, and she and Mr. C—— have had backache. Mr. C—— is having the worst of it today with a good deal of fever. Mr. C——, an allopathic skeptic, is in a promising state of conversion.”

“M. F. W——.”

The symptoms given correspond quite closely to symptoms that I have frequently observed in small-pox cases.

Practical Therapeutic Hints.

By E. B. NASH, M. D., Courtland, N. Y.

KALI CARBONICUM.—Backache while walking; when eating. “Every time I eat a meal I suffer for half an hour or more with most intense pain in the back.”

Toothache only when eating; worse when touched by anything warm.

MELILOTUS.—During an attack of typhoid fever a young lady suffered with profuse epistaxis. One attack followed another, once, sometimes twice, in twenty-four hours, until I became alarmed on account of the great loss of blood. The attacks occurred mostly at night. She had been subject to frequent attacks of nose-bleed since childhood, from the time she was injured in the nasal passage by a button she pushed up her nose, and which a old school claimed, after much violence, to have pushed down her throat, but which in reality remained in her nose a long time, several months, when it was finally ejected in a sneezing or coughing fit. Two years before the fever I carried her through a very severe attack of diphtheria, which was also attended by severe nose-bleed, also occurring at night, the blood hanging in clots from the nose like icicles. Mercurius sol. 30 stopped it very nicely. Now the blood clotted some but not so readily. Mer-

curius did no good. Every attack was preceded by the most intense redness and flushing of face and throbbing of carotids I ever saw. The nose-bleed would invariably follow, within a few hours, this apparent rush of blood to the head and face. Belladonna would not help, nor Erigeron, which in Hering's Condensed has "congestion of the head, red face, nose-bleed and febrile action." Melilotus 30 relieved the nose-bleed and the attacks of rush of blood to the head promptly and beautifully, and the case progressed without further trouble or an untoward symptom to perfect recovery.

President's Address, Illinois Homeopathic Society.

BY O. B. BLACKMAN, M. D., Dixon.

Custom prescribes that the president should deliver an address at the opening session of the yearly meeting. In conformity with that rule it is my duty, as well as my pleasure, at this time to thank you for the honor conferred in electing me as your presiding officer for this, the forty-eighth annual meeting of your association. By way of preface I would ask of you that you exercise towards me that kindly forbearance that softens errors, committed through ignorance or thoughtlessness, and a charity that overlooks faults, minimizes defects and tends to promote the general welfare and interests of the entire session.

The truth guardedly spoken admits of various interpretations. The truth candidly expressed conveys the facts; the facts are these: having been from medical infancy nurtured upon homœopathic food, such as has been furnished us by the earlier fathers, having grown up to manhood, as it were, with the great truths they taught, and having familiarized myself with the therapeutics whose banner bears the insignia of "*Similia Similibus Curentur*," I would indeed be devoid of sentiment and possessed of an ignoble heart did I not appreciate the compliment and feel honored by having been chosen to preside at the State meeting of the homœopathic physicians and surgeons for Illinois.

I feel proud that I am in such good company, men and women who believe in the laws of *Similia*, and are spending their lives in

its exemplification at the bedside of the sick of this great State, men and women, who, as Dr. Walton so uniquely expresses it, believe:

"Because Hahnemann was, we are,
Because he was, Homœopathy is,
Because he was, Similia ever shall be."

* * * * *

THE PAST AND PRESENT OF HOMŒOPATHY IN ILLINOIS.

History might be composed of two contemporaneous volumes, private memoirs and public records. Of the former we have but few,—that of the Nestor of Homœopathy in the West, D. S. Smith, being the most complete. In a paper read before this association in 1876 he says he was converted to Homœopathy in Philadelphia in 1837 by reading Hahnemann's *Organon* and Jahr's *Manual*, beginning practice in Chicago in 1843. He announced himself as a homœopathist, and that he might be read and known by all, under a hanging sign on Clark, near Lake street, he suspended a sign, which read, "Homœopathic Office." The "little pill doctor" succeeded and made converts. Among the first was J. Y. Scammon, who afterwards made possible the first homœopathic hospital, Hon. W. B. Odgen, Hon. T. H. Hoyne, father of our T. S. Hoyne, Hon. Joseph Wentworth and others whose names have been household words in Chicago. As was the custom in those days, he furnished Dr. J. T. Temple with books and medicines in 1843, Dr. Temple afterwards becoming a tower of strength for Homœopathy in the West. Dr. Smith learned the power of the public press, and among the converts in succession were three editors of the *Chicago Tribune*, who afterwards, each in turn, partly as a matter of news, I suppose, did good service in publishing many truths about Homœopathy.

Other physicians soon began coming to the State and city, among whom I might mention Drs. Ellis, Trayer, Guilbert, Leonard Pratt, Geo. E. Shipman, Ludlam, Cooke, Boardman, Small and Beebe.

The superiority of Homœopathy as a system had a fair test in this State in the cholera epidemic in 1849 and 1854, and furnished additional proof of its excellence.

HOMŒOPATHIC COLLEGES AND INSTITUTIONS.

It was through the personal efforts of Dr. Smith, who went to Springfield in 1854 and 1855 and became a member of the Third House, for the time being, and applied for and obtained a charter, which he wrote himself, that authority was granted for a medical college. The regulars used to laughingly say: "Let Dr. Smith have it, the homœopaths will never require it." Under this charter Hahnemann Medical College was organized, and the first course of lectures was given during the winter of 1860 and 1861. The faculty was composed of the following: President, D. S. Smith; Secretary and Treasurer, Geo. E. Shipman; Theory and Practice, A. E. Shall; Materia Medica and Therapeutics, G. E. Shipman; Surgery, H. K. Boardman; Obstetrics and Diseases of Women, J. L. Kellogg; Physiology and Pathology, R. Ludlam; Chemistry and Toxicology, N. F. Cooke; General and Descriptive Anatomy, G. D. Beebe. The following spring eleven received their degrees. The names I have mentioned are indelibly associated with the early struggles of the school in the West, and inseparably connected with the present achievements and standing of Homœopathy. All honor to the early pioneers. Through their self-sacrificing energy and loyalty to the teachings of Hahnemann are we indebted for the legacy of the present. The rapid and splendid success of Homœopathy in Illinois must be attributed to the untiring and concentrated efforts of the individual physician, each in his own sphere.

The slow progress in the public enterprises, and total failures in others, must be ascribed to the lack of union of the different members of the profession, and a general reluctance to show in public affairs the same self-sacrificing devotion shown in private life. The lives of these men conclusively prove this. They formed a nucleus around which have centered ever-increasing numbers of physicians and adherents of our principles.

Prior to 1850 there were only a few other homœopathic physicians, and they were scattered far and wide. They have published no memoirs, but they did good work in sowing the seed and preparing the way for the harvest of the present. The public records afford us no better evidence of the contrast of fifty years

ago and the present conditions of Homœopathy than those which I shall now give.

Hahnemann Medical College began in a building on State street, but when I first became a student it was located at the present site, in a very small building compared to the present structure. In a two-storied wooden building, located back of the present nurses' home, with a capacity of thirty beds, was the hospital. We would now only think it fit for a granary. In those days the only large buildings so far out in the country were the college building, Chicago University buildings and the United States Hotel at Cottage Grove and Thirty-first street. This was the terminus of the street car line. Comparing the college and hospital then and now would be useless. Practically no comparison could be made. The difference is too great.

The statistics I present are from those published in the Transaction of American Institute of Homœopathy, 1902:

	Inco.	Matric.	Grad.	Alum.	Val.
Hahnemann Medical College.....	1855	195	49	2267	\$250,000
Chicago Hom. Med. College.....	1876	160	34	1142	125,000
Hering Medical College.....	1892	65	18	200	36,000
Total three colleges one year.....	420	101	369		\$411,000

Hospitals—

	Beds.	No. Patients.	Valuation.
Hahnemann Hospital	170	1305	\$200,000
Chicago Homœopathic	40	448	25,000
Streeter Hospital	30	478	60,000
Total for three Hospitals.....	240	2231	\$285,000

Throughout the State there are seven hospitals wholly and partly under homœopathic control, which give an addition of 896 beds, 840 patients and \$560,000 in valuation. Total in the ten hospitals—1,136 beds, 3,191 patients; total valuation, \$845,000.

So far as I can learn the homœopaths are freely admitted to all the city hospitals in the State. Thirty years ago we little imagined that the homœopath would be admitted upon the medical staff

of Cook County Hospital, or that we would be in control of any of our State institutions. The difference of feeling existing between the schools then and now can hardly be appreciated. There was no intercourse between students in our colleges. Everywhere and upon all occasions ridicule and sarcasm were expressed for the homœopath. Among physicians there might be some social relationship, but it was very rarely that an old school physician would meet a new school man in consultation. You can possibly imagine the continued feeling of irritation which this condition engendered. It was not an unusual thing for an allopath to be expelled from his society if he held a consultation with a homœopath.

The homœopathic periodicals began in 1849. Dr. G. E. Shipman edited and published the *Northwestern Journal of Homœopathy* for four years. Dr. I. S. P. Lord for a short time published the *New Series*. Next appeared a bi-monthly for the popular reader, published by Drs. Ludlam, Smith and Graves. Dr. Smith says that this journal was published for the purpose of bringing some young physicians before the public and to present to the people the great truths of Homœopathy, its superiority over allopathy, and to exhibit to some extent the fallacies of the latter. Then came the *Investigator* in 1868, followed by the *United States Medical and Surgical Journal*. These two were united in 1875.

Five monthly journals are now published in Chicago: *The Clinique*, 50 pages; *The Advance*, 60 pages; *The Journal of Homœopathics*, 42 pages; *The Era*, 48 pages; *The Visitor*, 64 pages; *The Medical Century*, 48 pages; with a total of 334 pages monthly.

Does this evidence not show a healthy and vigorous growth in Illinois? It is a fact that in 1877 there were only eight periodicals in the United States, one in Europe and one in Mexico.

In 1877 Illinois had 439 homœopathic physicians, an increase of but 39 over 1876. Years ago converts were made to Homœopathy and the physician came West to change his practice. The same change is going on now, only in a somewhat different way. Dr. Wood, president of the American Institute, told us last year that he had asked all homœopathic colleges to give him the num-

ber of graduates and students from allopathic colleges who had received degrees within the last five years from homœopathic colleges, and he found during that time 284 men and women had received degrees, with two colleges not reporting. During this period 1,930 degrees had been conferred by the same colleges. These figures apply equally to Illinois as in other States.

ILLINOIS HOMŒOPATHIC SOCIETIES.

Our State ranks well in reference to societies. The Illinois Homœopathic Association, the second in age in the United States, held its first meeting in Peoria in 1855, the New York Association being older. The second meeting was held in Springfield in 1857. At the fifth meeting it was stated there were 200 physicians in this State, 48 of whom were members of the association. Would that an equal percentage of our physicians were now members. There are today about 2,400 homœopathic physicians in the State, only 400 of whom are members of this association, 29 having been added last year. It is the same old story I find running through the entire publication of this association and dwelt upon by most of your presiding officers—lack of appreciation of the duty we owe ourselves and the cause of Homœopathy, by not supporting and aiding in the uplifting and strengthening of the institutions and societies of the State. Formerly our Transactions were published and were accessible for the history of the growth of Homœopathy, but it seems other counsel has of late years opposed publication.

The Rock River Institute of Homœopathy, organized in 1868, numbering 31 members, 6 added last year, meeting quarterly, has been helpful to its members and influential in spreading the growth and power of Homœopathy. It is very rare that the regular quarterly meetings do not have a full attendance.

The Central Illinois Homœopathic Medical Association organized in 1897; membership, 63; 7 added last year; meets annually. This body of physicians is alert, active and doing splendid work as an association; as individuals its members are as fine a class of physicians as we have in the State.

The Clinical Society of Hahnemann Hospital, of Chicago, was

organized in 1877; membership, 109; added last year, 47; monthly meetings.

The Homœopathic Medical Society, of Chicago, organized 1894; membership, 105; meets monthly.

The Northern Illinois Homœopathic Medical Society, organized 1895, did good work for a few years, but now "it sleepeth."

The Chicago Materia Medica Society organized in 1899; membership, 40; meetings semi-annual.

The Englewood Homœopathic Medical Society was organized in 1897; membership, 36; 9 admitted last year.

In the eight homœopathic societies there is a total membership of 834; members added last year, 104.

Dr. Wendell Holmes once sarcastically remarked that "Homœopathy is a delusion of the educated classes." We have always felt rather complimented by this remark. Statistics, however, prove the truth of the statement, and bear out the assertion that the number of homœopathic physicians increases or diminishes with the illiteracy of the people. Illinois ranks third according to this standard, the illiteracy being as low as 5.2, the ratio of the homœopathic physicians to the total number of physicians being fourteen and twenty-four hundredths.

I believe also that the statement is true that the percentage of wealth owned by the clientage of Homœopathy is far greater, according to total numbers of physicians in this school, than in that of the old. I believe the testimony of the physicians here present will bear me out in this remark.

MERGER OF COLLEGES INTERESTS PROPOSED.

Homœopathy has made substantial yearly growth, both in numbers of physicians, clientage and influence. It seems to me we have, however, arrived at a very critical stage in college affairs. Our classes are not as large as they naturally ought to be, in proportion to the increase of adherents of the school. The university idea, or the affiliation of the old schools with the university, where all preparatory work is done in the university, and only the Junior and Senior years are spent in the medical school, has caught the popular fancy, and has come to stay. Many of

our young men intending to enter upon a medical career are now lost to us. Quite a number of instances have come under my observation where this is true. Many reasons can be given why this idea is attractive to students who naturally, a few years ago, would have come to our colleges. I believe—as long as this condition of affairs is not met by our colleges—we will be seriously handicapped.

What can our colleges do to remedy the defect, or can any plan be adopted to obviate the difficulty? As this is an age of combination, or merging of interests, and as the efforts in this direction are proving successful in the allopathic schools of Illinois, should we not adopt this example? Some of the trustees, professors and teachers acknowledge the advantage of such a plan, but, individually, are not able to suggest a feasible solution of the problem. I believe this subject worthy of our serious consideration. Individually we may have but little influence; but as an association, or through proper committees, we might be able to give impetus and directions to a merger movement that in time would become fruitful of results.

AMALGAMATION OF THE MEDICAL SCHOOLS.

Twenty years ago such an expression would have been thought extremely visionary or eutopian. Its enunciation even now causes a rush of queries to run through the mind of the homœopathist. When the thought first began to crop out into the medical press it seemed startling or more sensational than likely to become a matter of immediate concern. But we are admonished that some immediate action should be taken for the reason that some of our physicians have, even now, become members of old school societies. To the mind of the homœopathic physician residing in cities and districts where numbers and influence demand recognition on the part of his allopathic competitor amalgamation did not seem at first, perhaps, so far in the future; but where the converse was true, and the old-time spirit of ostracism and want of recognition exists, it does indeed seem that a premature announcement of the medical medium has been made. But whatever the ulterior motives may have been it is true that for several years the

allopaths have been making a great effort to organize every State and every county in every State into active societies, having a well-understood relationship, the one with the other, the county to the State and State to the American Medical Association. The work has been well done. Their invitations were sent to all physicians, homœopaths and eclectics, inviting them to participate in the formation of a "county society" in affiliation with the State and national association. "Any physician in good standing" might become a member, regardless of alma mater.

While not wishing to question the motives at all of those who sent the invitations it nevertheless caused the question to arise in many minds, "Why this change of heart?" We were not used to such kind treatment. The old school had always sought in every way to belittle our school, checking our growth in every possible manner, and fighting us early and late, never granting us any concessions, except when forced to do so. We very naturally wondered why this change of attitude towards the homœopathic school. It is one of the active questions of the day, and the subject is brought before you that the question may have a public hearing in this association, and that the fusionists and the anti-fusionists may have a full opportunity to state their views. What answer will be sanctioned by this association? If it involves the surrender of the history and principle of the law of Similia, or the effacement of Homœopathy, then it will be wise for us to make haste slowly in accepting an invitation to be assimilated.

You remember the illustration of the lion and the lamb. Might not this invitation rather picture to our minds this scene? "The wolf shall dwell with the lamb, and the leopard shall lie down with the kid, and the calf and the young lion, and the fating together, and a little child shall lead them?" (Isaiah 11, 6.) Samuel Hahnemann in the character role of the child.

Recognizing the truth that all innovation upon established habits and customs are prone to arouse opposition, did it ever occur to you that "had the homœopathic law been promulgated by some one less dogmatic than Hahnemann, and had it been presented in a way, if possible, to have become recognized by the profession as a principle, there would never have been a so-called

homœopathic school?" The principle would have been more readily adopted and appropriated by the one school extant at that time. We believe, could prejudice be laid aside for once, and the honest allopath be induced to investigate the foundations and principles upon which Homœopathy rests, that even now the partition walls would quietly fall apart and the curtain be rent in twain that separates one school from another.

We approve of the idea of unification of the schools of medicine; provided such a union does not abrogate any of our rights as specialists under the law of *Similia Similibus Curantur*. We know that persecution, bigotry and that pharasaical spirit manifested in the past towards our school compelled a closer union for protection and strength of those who believed they were following the only law of cure, as expressed by *Similia*. The community of interests which caused such a union gave rise to the idea of sects, and we are called sectarians and denounced as practicing an exclusive dogma. While in a certain way the forcing of our forefathers into a distinctive union was unfortunate for the profession, as a body, yet it hastened the development of a law, and earned for us the just and distinctive title of specialists in therapeutics. Our opponents characterize themselves as regulars and all others as irregulars, and so long as they continue to make such a distinction, by using the title, they must expect that the other parties will not be inclined to accept their invitation. Such terms should now be omitted from the vocabulary of each school. The authorized definition, as printed in the Transactions of the American Institute of the term "Homœopathic Physician," does not give the best definition by any manner of means; yet it seems necessary in the minds of some that such a definition should be made, and, as written, it contains nothing, except the first half, that can possibly be objectionable. I submit the question, "Can we eliminate that?" "A homœopathic physician is one who adds to the knowledge of medicine a special knowledge of homœopathic therapeutics and observes the laws of *Similia*. All that pertains to the great field of learning is his by tradition, by inheritance, by right."

According to this definition there may be some who do not ob-

serve the law of Similia, as given by Hahnemann, and yet who call themselves by this name. This we cannot avoid. Polypharmacy, which proved so unsatisfactory to Hahnemann, and caused him to relinquish the practice of medicine for two years altogether, is not, by some, looked upon as it once was by all the adherents of our school. But that does not destroy the principle nor the school. Think you not that an emphatic word of warning should be raised of the danger following in the wake of such a practice? The fact that many of the best teachers in the allopathic schools are today using the single remedy should encourage us to believe that the slow-tide of compounds has again been reached, and that now the two schools are indeed getting closer together in the point of drug experiments at least.

If assimilation means the general right to practice medicine according to the dictates of our own sense of right and wrong, and in accordance with the law which we believe to be immutable, then we are ready to meet them half way. This implies on their part that they are willing to accord us the equal right of representation, and unite upon the common ground that we should first be gentlemen and physicians; secondly, homœopathists and scientists. But in order to assimilate we are not willing to sacrifice the principle in medicine that has become to us the only one sure guide in successfully combating disease, and which stands to us in the tumultuous sea of medical therapeutics what the North star is to the mariner in mid-ocean without compass or rudder. From the very beginning of medical thought, in the dim past up to our own times, as a result of empiricism, we see strewn all along the way the wrecks of theories that have been heralded as truths by the old school, theories that were born today only to be thrown aside tomorrow as exploded or useless. Venesection, the leech, mercurialization, blisters and cupping, derivatives, antiseptics, wine of antimony, emetics, all with a thousand of others, have gone into "innocuous desuetude," and even now the London Lancet gives no uncertain warning of waning in favor of the present popular serum theory.

In the treatment of disease by the judicious withholding of drugs in the old school the mortality rate is lessening. In John Hop-

kins they now treat typhoid with the water bath without drugs, while a few years ago water was positively prohibited as a dangerous thing in fevers and dependence was placed wholly upon drugs. Surely, if history teaches one thing more than another, it is to beware of dogmatism and intolerance. "The orthodox of today are the heretics of tomorrow." I cannot but remember in this connection the old explanation, which, I think, is applicable today in solving this question. Homœopathy has gone through the orthodox stage of external developments. "First laughed at, and then ignored by the old school profession, then put down as a nuisance, by and by it was recognized as too important for the former method of treatment, and too powerful on account of the popular favor it had received for the latter." It has become a part of the system of the country, having public and private institutions, institutions of great importance under its control and parts of State universities, and now I would add they are seeking to consummate the final act of extinction by assimilation. Amid all of the doubt and uncertainty of therapeutics in the dominant school it remains a fact that the industrious Hahnemann left us a guide that in the use of the remedies is as valuable today as it was when he first gave it to the profession, the law that a remedy which will produce a certain symptom when given in health will cure similar symptoms when administered in disease, and this law still remains a fact, unchanged, through all the criticism and opposition of a century.

As a school we must remember that if we accept this invitation, without the recognition of the law, we stultify ourselves and imply that we have been mistaken about our law of cure, and are not homœopaths. If we decline acceptance we may be criticized as narrow-minded and bigoted. But if we believe the law to be true we must not be traitors and sacrifice our birthright for a mess of pottage.



Homœopathic Gynecology.

MARK M. THOMPSON, M. D., Chicago.

SECTIONAL ADDRESS READ BEFORE THE ILLINOIS HOMŒOPATHIC MEDICAL ASSOCIATION.

The taking up of this important branch of homœopathic study in a great center of medical thought and research is fraught with much responsibility. What we say today will live after us. Our deliberations in such assemblies do much to mold the opinions of the present, and to determine the trend of thought for the future.

It has been the purpose of the chairman of this bureau to bring together men of widely divergent opinion, in the hope that earnest debate may land to more settled conviction of the truth. We extend to all shades of thought the most cordial invitation to participate in the discussion of the papers to be read in this bureau today. We deem it of the greatest importance to our school that the true homœopathic thought be placed before the public. That which characterizes us is found alone in our *Materia Medica*. Our anatomy, physiology, chemistry, obstetrical work and our surgery are all the same as those taught by the dominant schools of medicine.

In all these we stand for what is best. But in our *materia medica* and therapeutics the most radical difference exists. If the allopathic school may be said to have a law it is the exact opposite of the one in which we trust and which we should practice.

It is the purpose of this paper to point out some of the dangers that confront our system and to plead for a pure *Materia Medica*.

In the beginning of the American Institute of Homœopathy, little if anything was contemplated except the study of the science and the art of healing the sick with the single remedy that in its symptomatology is found to be most similar to the expression of the disease as seen in the most prominent, uncommon and characteristic features of the case. If that study had been continued with the same enthusiasm characteristic of Hering, Bœnninghausen, Lippe, Guernsey, Farrington and others, some of us would be better prescribers than we are today.

In the rapid advances made in the study of the specialties and

in our knowledge of surgery it is the opinion of many that we have, to some degree, lost sight of pure Homœopathy, and have taken what has seemed to those least informed in *materia medica* a "shorter cut" in attempting to deal with the graver maladies of the human body, almost exclusively by palliatives, specifics and surgery. The palliative methods are so fascinating alike to the suffering patient and the doctor who is anxious to please that we are in danger of forgetting that the only law of cure is that which was formulated by Samuel Hahnemann.

Every true homœopathic physician hails with profound gratitude the significant advances made in surgery during the last twenty years. We have no occasion for chagrin when comparing the work of the men of our school with the same of the other schools.

Is it not well for us today to stop and ask ourselves if in this bloody march of surgery for the past two decades, we have not, to some extent, lost sight of the wonderful curative powers of our well selected potentized remedies?

As a surgeon I am forced to confess that there is a charm in hysterectomy, ovariectomy, the removal of the Fallopian tubes, the vermiform appendix, etc., etc., but I believe it will be profitable to call a halt long enough to see if it is not really possible to heal many of these diseases with our deep-acting remedies if scientifically selected.

When we find a cystic or inflamed ovary shall we at once resort to the knife, or shall we rather seek with confidence for the true homœopathically acting remedy that will restore the offending organ to perfect health—correct its functions rather than remove the organ?

If our patient be found with tenderness in the region of the gall duct and pains indefinitely located in different parts of the abdomen, will it not really be well for us to know that he has had the full benefit of all that drugs having a special affinity for the liver and its kindred organs can afford before we put him to the hazard of having our shining scalpel plunged into the hepatic region and we cut a roadway to the stone quarry?

It has come to be common practice with many to advise the

removal of pelvic organs upon the slightest provocation and to make exploratory incisions either for the pleasure of doing so or to find out the thing we ought to know by other methods. He who condemns surgery as a cruel butchery that has no place in the healing art exhibits an inexcusable ignorance of what modern science has done in surgery toward relieving great suffering and in helping to cure many otherwise incurable diseases.

There is a red stream running through the field on which we strive today. This is recognized by the best modern thought, and its life-giving power has brought courage to the despondent victim who submits to the law "that without the shedding of blood there is no hope;" as it has brought great honor to those who have wrought so well. That for which we contend today is not that surgery shall be ruled out, but that it shall be accorded every honor to which it is entitled. That for which we do plead is that the application of potentized drugs for the healing of disease shall be placed in the first rank in the art of healing the sick.

In stating the conditions in which surgery or medicine respectively is remedial I cannot do better than to quote a formulated statement by my friend and former teacher, Prof. A. W. Woodward, in an introductory lecture upon *Materia Medica and Therapeutics*:

"In proportion as a disease has produced structural changes it becomes a surgical case.

"In proportion as a disease is functional and not organic the case is curable by medicine.

"In proportion as a disease is localized it is a surgical case.

"In proportion as a disease is general and not localized it is curable by medicines."

It does not follow from this practical quotation, as I wish to use it, that as soon as an organ is in any degree diseased it should at once be relegated to surgery, but that it should be treated surgically only when its pathology has reached that degree of abnormality from which it cannot be restored to health by medicine. The danger is that the brilliant results achieved by surgery in diseases that have seemed quite incurable; the fascination of noted reputations: and the glitter of extravagant fees may entice us

away from the honest plodding and painstaking study of all that our remedies will do to rejuvenate the depleted forces and restore diseased organs to healthy conditions.

That cancers of the mammæ, the cervix and internal organs have been cured by our potentized remedies is quite as evident as that the health of our patients has been restored or permanently improved by the removal of organs that were affected with this dreaded malady.

To soften a stenosed pylorus with the indicated remedy is quite as scientific as to cut away the offending member at great hazard to the life of the patient. To cure appendicitis with well selected drugs requires quite as much skill as to open the abdomen and rob the cecum of its pigtail ornament. We are quite sure it has been done more often with medicine without the sacrifice of life than by surgery. He who says that it is not possible to so change the activities of the vital force by medicine that a 'disordered liver may be induced to secrete a healthy bile, that will dissolve a gall stone that has been formed by unhealthy bile shows his ignorance alike of the physiology, the pathology of the case and of the power of potentized drugs.

After one hundred years of study of the healing art as taught by the founder of Homœopathy, we are standing only on the threshold of knowledge of what can be done by medicine.

PRESCRIBING FOR DISEASES.

The next danger to our *Materia Medica* is the habit of prescribing for diseases and not for the patient, which can never be scientific. No two cases of any disease were ever just alike. Each case of pneumonia or diphtheria or typhoid fever is as different from all other cases as any man is distinct and different from all other men. Until we find two blades of grass or two leaves that are identical, we may not think this universal law of individuality so strange in the expression of disease. Now since we all concede that the best prescription is the one in which the most perfect totality of important symptoms in a given case is met by a drug whose symptomatology corresponds most perfectly to the case, it must follow that without carefully individualizing each case and

selecting the drug that shall correspond most perfectly to the symptoms, our work is but little more accurate than that of our brothers of the allopathic school, whom we charge with unscientific drug-giving. The only true law upon which to base a scientific prescription may be found in the 153d section of the *Organon* where Hahnemann says: "A search for a homœopathic scientific remedy consists in the comparison of the totality of the symptoms of the natural disease with the list of symptoms of our tested drugs among which a morbid potency is to be found corresponding in similitude with the disease to be cured. In making this comparison, the most prominent, uncommon and peculiar features of the case are specially and almost exclusively considered and noted, for these in particular bear the closest similitude to the symptoms of the desired medicine if that is to accomplish the cure." It is only by this painstaking study to select our remedies that shall most perfectly correspond with the important symptoms of each case that our *Materia Medica* will ever mean much to us as a science. The superiority and certainty of this method is well illustrated by that experiment of one of our physicians who wrote twenty identical letters, addressing ten of these to representative allopathic physicians, and ten of them to representative homœopathic physicians in different cities, detailing an imaginary case and asking for a prescription. All of the ten homœopaths prescribed the same remedy. Each of the old school physicians who prescribed made a different prescription, and some of them were proprietary compounds—patent medicines. Further comment would be superfluous.

Another and more common danger to our *Materia Medica* is the prescribing more than one remedy at a time.

If we do not believe in the profound impressions made upon the sick organism by our potentized drugs we cannot prescribe them with confidence, and we had better go out of the profession. This makes it a serious matter to apply this form of medication, when our remedies are not well indicated. Every drug that is not needed to meet a pathological condition becomes a potent element contending against the already waning vitality of our patient.

If Aconite is indicated surely Arsenicum cannot be called for,

The former has great fear of death, while the other has a picture of anguish, which, if once seen, cannot be forgotten.

If Belladonna is called for surely Gelsemium will not be, for no two remedies are more unlike in their symptomatology; the first is filled with wild raging, is determined to get off the bed and escape from the room, while the second wants to turn his face to the wall and be left severely alone.

So each remedy has an individuality as distinct as that which characterizes the doctor who prescribes it. To prescribe one of these remedies which is not indicated is not only to impair the vital forces of our patient, but it as surely adds new symptoms to our second picture, which are not pathological, and are therefore confusing.

The practice of prescribing palliative remedies for the suppression of pain has crept into our work, as greatly to the discredit of our methods, as it has been to the blunting of the keenness of our medical instincts. This evil is two-fold in its application; first, it is a great injustice to the sick; second, it makes the most superficial and unsuccessful prescribers.

When called to the sick room of a patient who is suffering extreme pain, one would be quite inhuman who does not make the greatest effort to relieve; but should we not be sufficiently calm to first determine whether it is our duty to suppress pain temporarily, and thereby possibly produce an incurable condition or plunge our unfortunate subject into chronic invalidism? Shall we not rather by a more pains taking method seek to relieve suffering by a truly scientific process, which always strikes at the root of the matter and relieves pain by curing the disease which caused it?

It is not always easy to get a picture of a disease perfectly free from confusion produced by drug symptoms. The laity are constantly drugging themselves with all manner of nostrums, and they are being dosed with powerful drugs by members of the dominant school, until it is very hard to distinguish between the conditions that are truly pathological and those that are produced by drugs. Certainly no conscientious homœopathic prescriber will increase confusion by adding new fuel to the fire when he gives

narcotic drugs to blunt the sharpness of acute pains, which are the surest guides to the true homœopathic remedy. The second, but not the least evil resulting from this practice, is the forming of a habit of palliation to such an extent that the physician does not indulge in the luxury of delving among the mysteries of *Materia Medica* until he is skilled in fitting the remedy to the individual case.

We may all be forced to acknowledge the temptation to prescribe opiates and the coal tar products when our standing in the family, which we perhaps are serving for the first time, may depend upon quick results from the first prescription; but he is a coward who would choose credit by false methods rather than stand by the truth, though he may seem to the untutored to fail. The true physician would rather sink with the flag of absolute truth waving over his head when he goes under the muddy waters of superstition and error, than to receive the plaudits of those who place greater value upon the seeming good of the present than upon the definite truth, which so often yields its richest fruits by and by. These are the heroes who are made of the stuff which will not down. They have learned that every truth and every man may have their "Good Friday" when the arrogance of error will seem to bury them out of sight and seal the stone over their sepulchre, and hope to make it fast with their anathemas. But all truth and all true men are as sure to have their resurrection morning as he who could not be held in the grave of Joseph of Arimathea for more than three short days.

"Truth, the hand of Light, will lead the people till the thunders pass, the spectres vanish, and the Light is Victory, and the darkness dawns into the jubilee of the ages."

Colleagues, let us dare to stand by the principles of Homœopathy in the trying hours of our professional life; for a law so unchangeably fixed as is *Similia similibus curantur* will never fail us. We may fail in the application of that law because of our ignorance, but the law will remain unchanged.

It has been the aim to offer for your contemplation a wide range of thought. That there should be a great difference of conviction upon the topics of these papers is expected. The sharpest criticism

is solicited, for, as iron sharpeneth iron, so a man sharpeneth the countenance of his friend. We are sure that kindly criticism, be it ever so severe, is of use to every thoughtful student who is seeking for truth with an unprejudiced mind.

What is most needed in the Illinois Homœopathic Medical Association is a real enthusiasm in the study of *Materia Medica*. We are sure that a free participation by all shades of thought in the discussion of the papers of this bureau is a wholesome way to start that wave of interest in our study that will give us a feeling of greater certainty in our work.

The State Board of Medical Examiners of New Jersey has secured amendments to the medical practice act by which the academic standards for admission to the State examinations have been raised from a competent school education to a diploma issued after four years of study in a normal, manual training or high school of the first grade in that State, or its equivalent. The medical requirements have been increased from three to four courses of medical lectures, of at least seven months each, in different calendar years, prior to receiving the degree of doctor of medicine.

The Vermont statutes have been amended to admit without examination physicians and surgeons who shall personally appear and present a certified copy of certificate of registration or license which has been issued to said applicant in another State of the Union, where the requirements for registration shall be deemed by said board equivalent to those of that State; provided, such State shall accord a like privilege to holders of certificates from a Board of Censors of that State.

The recent Oklahoma Legislature passed a new law regulating medical practice in that Territory. It provides for a Territorial Board of Health, consisting of three reputable physicians appointed by the Governor, to meet every three months, due notice of time and place having been given. Aside from its other duties as a Board of Health the board is to examine applications and grant licenses to practice medicine.

COMMENT AND CRITICISM.

An Affirmative View of Vaccination.

BY W. G. STEELE, M. D., Philadelphia.

The following presentation on the affirmative side of the subject of vaccination is in the nature of a letter from Dr. Steele to Dr. G. F. Thornhill, a Hahnemannian Homœopath and graduate of Hering Medical College, and is deserving of publication as showing how completely engulfed in this fallacy the majority of physicians of both schools have become, how shallow the thought in relation to what might have been Hahnemann's attitude, and how very effective Dr. Thornhill's reply to Dr. Steele's suggestion concerning Psorinum.

Philadelphia, April 3d, 1903.

Dear Doctor Thornhill—Your letter of March 11 was duly received, and I hope you will pardon my delay in answering same.

As to whether I am a Homœopath—well, yes, I was regularly graduated as a Homœopath under some of the best teachers that our school has ever produced; but I would be sorry indeed to be so blind that I could not see the advantages of vaccination, as there is no subject on which the medical profession is such a unit as on the efficacy of vaccination. All schools endorse and believe in it, and this is not the result of theory, but of sincere investigation with the tabulation of results from all parts of the world.

I am not a Homœopath who believes that Samuel Hahnemann, if he lived today, would discard all the new discoveries of which medical science can justly feel so proud; but I know from a perusal of his writings that he was alert for the good things that would aid in the cure of his patients.

Last winter at a meeting of our Homœopathic Medical Society of the County of Philadelphia, at my suggestion, as I was at the time president of the society, we had a meeting in which the subject of vaccination was well discussed. I invited the most

celebrated anti-vaccinationists that I could learn of, several of whom came from New York City to convince us, to be present, to give the subject from both sides, and there were over three hundred medical men at the meeting. And I believe I am safe in saying that there were not over five men present who were not believers in the efficacy of vaccination, and some of those who had been "on the fence" told me personally that after hearing the foolish reasons advanced by the anti-vaccinationists they had been convinced that vaccination was right and proper, and that the anti-vaccinationists had only weakened their cause by their presentation of the case that night. Now I know you will feel that I am stretching a point in making such an assertion as this, but I assure you my reputation for veracity is quite good in Philadelphia.

As to prescribing Psorinum and remedies of that class, I am not given to that class of work.

Assuredly Hahnemann teaches us to treat the patient; but I personally feel quite sure that Hahnemann would, if alive today, endorse any measure that had the practical endorsement of 99 per cent. of the doctors of the world, which I believe would be a fair estimate of those believing in the efficacy of vaccination.

I know and you know that many doctors think that the size or virulence of the sore on the arm is the true guide as to whether vaccination has been successful or not. Of course we both know that is not a correct position, and has led to many errors. On the other hand, I will cite Dr. Wm. Walsh, the medical director of our Municipal Hospital, who has held this position for over ten years, I believe it is twenty, who asserted personally last winter that in all his association with the disease in our Municipal Hospital, which would have more than fifty cases a day—I think several hundred cases each day were under treatment—that in all his connection with this institution there was not one person among all the attendants and doctors who had been successfully vaccinated who contracted the disease. When a man of his prominence and acknowledged standing makes an assertion it assuredly had more weight than coming from a man in a little town whose experience must of necessity be limited.

If you will believe in your anti-vaccination theories you have

a perfect right to do so; but for the sake of the great truth of Homœopathy, don't come out in a magazine of the circulation of the World and offer our opponents such good cause to make all Homœopaths seem to be lacking in intelligence as to not be able to grasp truths as well recognized as the truth that vaccination is a prophylactic.

Believe me to be fraternally yours,

W. G. STEELE.

In submitting Dr. Steele's letter, Dr. Thornhill writes as follows: "Dear Dr. Allen—You now see what you did. I didn't have any more intelligence than to believe the teaching of Hering College in this matter. Now this good brother proves we are wrong.

"Have reduced a tumor of three years' standing on a lady's neck to less than half its size in six weeks with Psorinum 42m. Pardon me for troubling you, I do not expect an answer."

That's about the milk in the cocoanut. Dr. Steele accepts vaccination because the majority believe in it, but rejects Psorinum and remedies of that class; whereas, Dr. Thornhill thinks and observes for himself, and goes on reducing tumors to half their size in six weeks with the remedy in which Dr. Steele simply does not believe—a difference twixt Dr. Tweedle-dee and Dr. Tweedledum.

What reason has Dr. Steele for asserting that Hahnemann would have accepted vaccination because "ninety-nine per cent. of the physicians of the world believe in it" in the face of the fact that he rejected allopathy while yet one hundred per cent. of the physicians of the world believed in and practiced it? In the face of the testimony of Dr. Walsh, to which Dr. Steele refers with such confidence, it is but necessary to refer to the case of Dr. J. W. Hodge, of Niagara Falls, one of thousands like it, all his life a believer in and practitioner of vaccination, himself "takingly" vaccinated no less than seven times, who two years ago contracted small-pox, had it in confluent form, all but died of it, and is today a violent opposer of the fallacy of sepsis as a means of preventing disease.

God made man a creature of health, not of a disease. Eradicate the causes of filth diseases and they will quickly cease to exist, and human pollution will not be required. This is the slogan of the anti-vaccinationist. Be hygienically and sanitarially clean and small-pox will die out for lack of fuel upon which to feed.

A Searcher After Homeopathic Truth.

I have just received and read with much pleasure and profit the MEDICAL ADVANCE. I appreciate your efforts to make us better Homœopaths, and I sincerely hope I am improving. I have been engaged in the practice of medicine for only three years, and nobody realizes more thoroughly that I do that there is a vast amount of attainable medical knowledge not as yet in my possession. During this time I have practiced what I believed to be Homœopathy; perhaps not as Hahnemann practiced it, but as I believe he would practice it if he were alive and engaged in the business of making sick folks well at the present time.

I believe Hahnemann was a progressive man. He made more and better progress in the true knowledge of medical practice than any other one man that ever lived. But some few discoveries have been made since his time. If Hahnemann lived now he would undoubtedly accept as correct the germ theory of disease. He would be the world's greatest and most renowned pathologist. He would be, with his great learning and keen insight into difficult problems, one of the greatest of physical diagnosticians. I believe he would be a surgeon. But if he did not care to practice surgery to any great extent I believe he would most certainly favor what is known today as conservative surgery.

Whether or not Hahnemann would be one of the extremely high potency men we have no means of knowing. I have used the second centesimal, often erroneously called the two hundredth potency; but I have never given a dose of medicine in my life of a higher potency than the thirtieth decimal attenuation, and not many higher than the sixth. I have been guilty of alternating remedies, sometimes, when it has seemed to me to be necessary or desirable. I have repeated doses as often as every fifteen min-

utes when I have thought best. Have never given a patient one dose of medicine of a high potency, and then put up for him a supply of powders of saccharum lactis, telling him to report again in two or three days or a week. I have never made a brilliant and permanent cure of long-standing ailment with a single dose of any medicine, nor have I ever seen it done. Therefore, it will be evident, I suppose, that I have yet much to learn, and so I hope I may be pardoned if I make some inquiries; for I have found that one of the best ways to learn is by asking questions.

(1). I notice that you do not favor vaccination to any great extent. Instead of using vaccine you use practically the same thing, vaccinium, and give it internally. Why is it any better to put the nasty stuff into a person's mouth and introduce it into the blood in that way than it is to introduce it directly into the blood as in vaccination? For my part, I will confess I had rather have Vaccinium, Malandrinum, Psorinum, or any other nosode, for that matter, put into a slight wound in the skin, made under conditions of surgical cleanliness, than to take it knowingly. The very thought is nauseating, and would be to almost any patient, if he knew what kind of material he was taking.

How can you ever expect a patient is going to stay by you and your treatment long enough for the remedy to effect a cure if you only give a dose every fortnight, as you recommend Malandrinum to be given?

(2). I should like to ask Dr. Ledyard, of California, how he managed to retain the confidence of his patient and the friends and to remain in charge for so long a time of that Plumbum case that he so ably describes in the October Medical Advance? He states that the lady came under treatment September 15, and on September 24 he gave the first dose of the remedy indicated. He says nothing about giving any medicine before September 24, and we are forced to conclude that he gave nothing unless it was placebo, but spent the time waiting for characteristic symptoms to develop and searching diligently for the similimum. This method may do for his locality, but if that had been a case in this town, or among the class of people we have to deal with here, they would not have waited nine days for the physician to find the similimum.

If he had not relieved the patient inside of three days, or even less time, at least as far as pain and sleepless nights were concerned, he would have been "ingloriously fired" from the case, and some other doctor would have been called in. In fact, I have had trouble before now in retaining the confidence of a suffering patient for twenty-four hours, and have been obliged either to own myself defeated and retreat to make way for some other physician, most likely an Allopath—or to use a hypodermic and stop the pain at once.

And I am not alone in this matter, either. Others all around me are having the same trouble. People in this part of the country don't care what school of medicine a man belongs to if he only cures his patients and relieves suffering promptly. Now if there is any way in which a man of only ordinary ability can be taught to so conduct himself as to retain the confidence of patients for a long time, even if improvement be exceedingly slow, I should like to know that way.

Another thing. I want the address of a reliable homœopathic pharmacy. We have plenty of so-called homœopathic pharmacies that do sell homœopathic drugs, but in addition they manufacture and push a line of combination tablets, elixirs, tonics, cough syrups, etc., and are thus doing all in their power to demoralize the whole homœopathic practice of the United States. Is there a pharmacy in America where they devote exclusive attention to the manufacture and sale of homœopathic drugs, and where the stockholders are not, at the same time, openly or secretly interested in the manufacture or sale of anything else in the drug line?

Fraternally yours,

W. C. ROBERTS, B. Sc., M. D.

Owatonna, Minn.

EDITORIAL REPLY.

The earnest disciple of Hahnemann is always glad to do what he can towards enlightening honest inquirers after homœopathic truth, and to this end a seriatim consideration of the points raised in the foregoing communication follows:

It is true that Hahnemann was a progressive physician, the

most progressive in his time. He might have been a convert to the germ theory of the cause of disease were he with us today—and, again, he might not. Who knows, and who gives authority to any one to so decide? That theory is far from acceptable to many a capable old school physician, and to every student of Hahnemann's writings is little short of absurd. But whether Hahnemann would or would not have been a germ-theory convert has no bearing whatever upon the subject of the constitutional treatment of the sick, and this is the essence of therapeutics. In the *Organon* he outlined clearly, and with an emphasis which admits of no misunderstanding, just how to study the patient, and how, having made intelligent and comprehensive inquiry into the conditions and symptoms, intelligently and successfully to apply the curative remedy. The chief trouble with all doubters of the success of Hahnemannian prescribing is that they have either been too indolent to study the *Organon* carefully or have not been impressed with the necessity of a thorough comprehension of this bible of Homœopathy. Once it is mastered clouds and darkness disappear, and the Science of Therapeutics becomes a pleasure and a success.

Hyperfastidiousness has no proper place in medical practice as against successful prescribing. It requires a very vivid imagination and finicky palate to rebel at a high attenuation of vaccinum. Triturated and diluted thousands of times with sugar of milk and with alcohol there is nothing in the leastwise offensive or repulsive about this or any other homœopathic potency. On the contrary, how thoroughly repulsive the idea of deliberately introducing into the blood of a young child septic matter from the udder of a heifer. It is contrary to the principles of modern surgery and the ethics of personal purity, nor does it help the matter that the site of the infection shall have been asepticised. In fact, it is a paradox to set about to render a particular spot on the arm or leg sterile and then as deliberately set about to infect that spot with a virus of known activity and virulence.

Our correspondent's wonderment that Dr. Ledyard's patient was willing to wait so long before beginning medication is not a matter of surprise when the careless methods of most homœopathic

physicians in beginning medication are considered. But it will cease to be a matter for wonder whenever the success which follows upon this careful study of difficult cases becomes known. The people of Owatonna are not different from the people of San Francisco. Physicians differ, but patients are much alike. It is possible that a little tact and good management may have to be exercised in the beginning in order to have the patient understand that unusual care in the consideration of his case is required. It may even be necessary to allow the patient to seem to be under treatment, by placebo, while the case is being considered. But in an extended experience it is not often that a patient will rebel at being made the subject of special study, or will fly the track, especially after having tried most everything else, because the last physician called upon is putting forth unusual efforts to effect a cure. A wrong prescription is always worse than no prescription at all. A careless prescription is not far from criminal. Confidence is begotten of success. Once Dr. Roberts learns how to cure his patients, gently, completely, permanently, they will bide his time—just as they do Dr. Ledyard's.

The fact that the correspondent from Owatonna has not been able to get along with the "single dose and wait" plan is because he has not been taught how to prescribe successfully in this way. Hahnemann did it, Hering did it, Lippe did it, Williamson, Dunham, Wells and Guernsey did it; others are doing it constantly and with success—Wesselhöef, Close, Nash, Ledyard, McNeil, Hawkes, Leonard, Kent, Butler and hundreds of other successful prescribers; and all Dr. Roberts has need to do in order to learn to do it successfully is to study the *Organon*, *Chronic Diseases*, the repertories and various brochures on special subjects. It is an ideal practice when properly followed, the only successful one in many chronic cases which have been up and down the line of Allopathy, careless Homœopathy and other forms of treatment hardly deserving the name.

In answer to the inquiry for a reliable homœopathic pharmacy the reply is unhesitatingly given, Boericke & Tafel. It is not for the MEDICAL ADVANCE to say there are no others. But as but one has been asked for, one of proven reliability is named. The

strictures which are offered, that many so-called homœopathic pharmacies are prostituting and injuring Homœopathy by their compounds and proprietary specialties, is not to be denied. The severest condemnation of this practice is deserved, and the complete withdrawal of the patronage of every physician of the homœopathic profession, whether a Hahnemannian or not, is urged as the best remedy to bring offending pharmacies to a sense of homœopathic decency and ethical honesty.

If Dr. Roberts will study the *Organon*, read the *MEDICAL ADVANCE*, and attend a course of homœopathic materia medica and practice in Hering Medical College, he will readily learn how successfully to do those things about which he now inquires, and he and his patients will reap a rich reward in cures.

A Beginner With the Right Spirit.

My Dear Dr. Allen—I enclose the report of three cases (see page 253), a part of the consideration of my application in the association. They do not amount to much, but as I have been in practice so short a time I trust to be forgiven. I would much rather have been excused, but never like to beg off on a requirement.

I have been doing much better here than I could have hoped for. Have had a few bad ones get out in good order, and in consequence my drive is extending.

I have considerable difficulty in separating the essential from the non-essential in reading the case and finding the remedy. This is due to lack of experience and ignorance of *Materia Medica*. Can you briefly point out to me some way of doing better work, some way of systematizing things so that time can be saved, for from the looks of things at present time is to be a great factor with me soon.

I do not want to bother you, but I do want to do nothing but the best work for the sake of people who trust me and the honor of the school which I represent.

Yours sincerely,

Mason City, Ill.

FRANK A. GUSTAFSON.

The foregoing is commended to the young men and young

women who are going out in the field, and to the new convert from the old school, as possessing the right ring and true spirit. It pays to be honest, to be sincere, to cure. And he cures best and most surely and permanently who cures homœopathically. Time and study will give Dr. Gustafson the "system" he seeks; it cannot be imparted off-handedly. Hew to the line and the chips will fall in the right place.—ED. PRO TEM.

What Shall Be Done in a Case Like This?

REMOTE EFFECTS OF SUPPRESSED AGUE.

The following case has been a puzzle to me and have not been able to benefit it yet. Blacksmith, æt. 55, blonde, tall and strongly built; sick since July, '98, followed plowing a field one day during hot weather. Weak and fainting spells with vertigo, sudden, sometimes falls down; just as liable to come on when sitting; muscular exertion almost sure to bring on a weak spell; craving appetite day before weak spells; chills easily; feels more comfort in warm weather, though I think he is weaker then. Can find nothing abnormal about sounds of the heart; a general condition of depression, is pale, somewhat anæmic; sensation of pressure on chest with difficult breathing at times.

Now we come to what seems to me the peculiar part of the case. Years ago when the country was comparatively new he had intermittent fever frequently, and this was sure to come on whenever he went into the field to cut up corn, and was always suppressed by quinine. These chills often came on at other times during the summer than in corn cutting, but this corn cutting was the one thing that was sure to bring it on. I have no doubt you have often met with this peculiar aggravation, and if so, is it covered by any remedy? I have not been able to find anything of the kind in the literature that I have. What remedy would you suggest to bring back those suppressed chills?

Very respectfully,
W. S. CROSBY, Class "'97."

Lachesis, Pulsatilla, Natrum muriaticum and China officinalis

are remedies to be studied in suppressed ague, also Nux and Sulphur. Many a patient is invalided for life by having chills and fever suppressed instead of having the case cured, the case in point being clearly one of that character. If Dr. Crosby will study Allen's Intermittent Fever, under the head of suppressed ague, and couple that study with a careful reference to Knerr's Repertory, he will doubtless be able to find the similimum. Meanwhile he has asked for bread, let us not give him a stone. Who will volunteer the prescription upon the history given?—EDITOR *Pro tem*.

The Brooklyn Homœopathic Union held its May meeting on thirtieth ultimo at the residence of Dr. Stuart Close, No. 209 Hancock street, at which meeting Dr. M. R. Levenson read a paper on the "Biological Researches and Discoveries of Bechamp," of the Montpiellier School of Medicine, a paper of great value and of interest to all schools of practice. The Brooklyn Union is one of the most earnest Hahnemannian societies of the East and is doing good work toward keeping up the interest in and extending the usefulness of pure Homœopathy.

Dr. H. C. Allen, editor of the MEDICAL ADVANCE, was called to Paris by cablegram on the 16th ultimo to see a lady patient very ill in the hands of Drs. Pozzi, Casin and Gros, sailing from New York on the Kaiser Wilhelm der Grosse on the 19th ultimo. During his absence Dr. Allen hopes to have the pleasure of visiting the profession in London and Liverpool and of meeting and greeting a good number of the representatives of Homœopathy and Hahnemann on the other side of the Atlantic. The duration of his absence is uncertain, but it will not be unnecessarily prolonged.

Vere V. Hunt, LL. D., M. D., homœopathic physician and surgeon, announces that on and after June 1st he will be associated with Dr. Wilbur F. Thatcher at 411 Linz Building, Dallas, Texas.

Dr. Van E. Freeman announces his removal to 1104 Masonic Temple. Hours: 1 to 5. 'Phone—3667 Central.

CORRESPONDENCE.

Interesting Letter From Sweden.

The following interesting letter from Dr. Axell, Helgum, Sweden, tells the story of the people. They want to be cured. All the ridicule, abuse and specious arguments which the old school can heap upon Homœopathy do not detract one jot or tittle from its abilities to cure. What the people want are results. Dr. Axell is congratulated upon the splendid volume of work he is doing in his native land. Ameke's "History of Homœopathy," Clarke's "Homœopathy, All About It," and Bradford's "The Logic of Figures" will give him the history, arguments and data he needs in combating ignorance and prejudice.—Ed.

Helgum, Sweden, May 8, 1903.

Editor MEDICAL ADVANCE:

I received the MEDICAL ADVANCE for January and March and felt delighted to read them, specially the January number with answer to Dr. Quine. This last is particularly consoling, as I am in the midst of a crater of abuse, slander and threats from our worthy, or, rather, unworthy antagonists. Be this as it may, Homœopathy is here to stay, nor will ridicule about sugar pellets or threats of murder or foul play beat down what is established. The northern country of Sweden, 3 lens, is aflame with the war of opposing views. The broad people are on the side of Homœopathy, and no subterfuges by doctors can contradict the fact that they are greatly improved or perfectly cured, be it sugar pellets or not.

At present I have breathing space, as the thawing of the masses of snow has made the roads impassable; but since January 1st I have treated over 5,000 new patients. What weight can the whole world's opinion, that the "high potency" is fiction, have when set over against the naked facts? Some most violent articles have appeared in the newspapers against me, calling me a humbug, quack and cheat, but the poor, uneducated worker cares

naught so he is restored; wherein he shows his superior reason to the fool crammed with learnedness and set opinions. One argument I overheard was thus: "I don't know, John, but my Mary had urinated in bed for three years, and since she was to Dr. Axell she hasn't done it once." That settled the dispute.

I enclose herewith \$3 for the MEDICAL ADVANCE and should like to have my name in the Directory.

Could you tell me what books would be best to look up a history of Homœopathy, its victories and statistics.

I believe in the law of Similars and spell "Curantur" with "a," and I believe in the single remedy, for I have seen it act wonderfully. I also believe in letting the medicine act out before repeating. I have unfortunately no time for study, as people are thronging my doors. My district is now 3 lens of C. 34,122D miles, a population of 360,000, and I am somewhat tired.

Health and long life to you from your pupil,

O. T. AXELL.

Helgum, Sweden.

Dr. Ira F. Richardson has removed from Linwood, Nebraska, to Fremont, Nebraska.

A subscriber from Spokane, Wash., when sending remittance for the ADVANCE, writes: "The magazine is the best I know of, and I feel the suggestions I get from it are all pure Homœopathy."

Dr. Frank A. Gustafson, of Mason City, Ill., had occasion to visit Chicago recently in the interests of a patient who he brought for operation by Dr. C. E. Fisher for extensive effusion of the pleura, Dr. H. C. Allen attending the case medically.

G. C. Emmerson, M. D., homœopathist, writes that he has found a good field for Homœopathy in Marshall, Mo., and has lately moved there from Centralia. He also states that he is "giving them the Homœopathy of Hahnemann." Of course, he will be successful.

The Medical Advance

A Monthly Journal of Hahnemannian Homœopathy

Edited by H. C. ALLEN, M. D., Chicago.

Subscription - - - Two Dollars Per Annum

Contributions, Exchanges, Books for Review and all Communications should be addressed to the Editor, 5142 Washington Avenue, who is responsible for the dignity and courtesy of the magazine but not for the opinions of contributors.

JUNE 1903.

Hahnemannian Rally at Boston.

Every Hahnemannian Homœopath who can possibly get away from his work will find it profitable to attend the meeting of the International Hahnemannian Association in Boston on the 18th, 19th and 20th of this month, which promises to be one of the most important meetings the association has held in recent years. It will be difficult to excel the sessions of last year in Chicago, which has become the second centre for pure Homœopathy in this country, but in and around Boston, and within a few hours' ride, there are a large number of thoroughly representative Hahnemannian prescribers from whose lips words of wisdom are certain to fall, and it may be expected that the sessions will have an especially profitable turn.

It is gratifying to know that no little interest is felt in Boston about the coming meeting, and that from Brooklyn, Montclair, New York, Rochester, Courtland and other Hahnemannian centres the prospects are excellent for a good attendance. Among other important subjects to be brought before the convention is the proposition to change the name of the association to one more in harmony with the wishes of a good many who were members in the earlier days of its history and who think a more appropriate name can be given the body, and it is not unlikely also that somewhat of an effort may be made to affiliate the Association with the American Institute of Homœopathy. These propositions have im-

portant bearing upon the future work of the Hahnemannians, who have made their Association a success in spite of many obstacles and contentions which have arisen at various times in its history, while from the clinical point of view it is highly necessary that there shall be that kind of a "communion of the saints" which shall unfold many a practical thought for bedside and office prescribing. As one able member expressed it last year, "I get more real value from this Association than from all the other medical societies to which I belong, and they are seven." Another member, active in the American Institute of Homœopathy, said that while he always enjoys the social features of the Institute, and gets a great deal of help from its various sectional meetings, yet for materia medica and therapeutics he gains more knowledge and helpful hints from the International Hahnemannian Association by far.

Go to Boston in time to attend the International Association, members of the Institute, and learn something of Hahnemannian Homœopathy and homœopathic materia medica, and, members of the International Association, go to Boston prepared to stay through the meetings of the American Institute after our meeting shall have adjourned, helping to leaven that great homœopathic body with the leaven of a pure and helpful Hahnemannianism. Neither of these meetings should be missed this year.

Real Cause for Felicitation.

The true Homœopath has just cause for felicitation in the turn the tide is taking in the society meetings of this spring toward a better knowledge of materia medica and homœopathic therapeutics. Surgery and gynæcology no longer command the greatest interest. The indiscriminate and all but criminal cutting and slashing which has been so rampant for the past few years, when orificialism, abdominal sections, clipping, pruning and dissecting commanded almost the entire time of our medical conventions, has not proven satisfactory with either physician or patient, and the doctor is again showing signs of sanity and a desire to learn how to cure. At Minneapolis, Chicago, Kansas City, Grand Rapids and Columbus materia medica and the homœopathic action and

application of remedies excited the largest attendances, the best discussions and the greatest interest. Particularly was this so at the Illinois meeting, where not for years has there been the keen interest that was shown in the materia medica and clinical medicine sessions. Homœopathy, common sense and scientific medication are coming to the front once more and there is hope for the people. If every Hahnemannian Homœopath will do his part toward spreading the gospel of real science of healing there cannot but be a general revival of old-time Homœopathy in the homœopathic profession. It has strayed sadly during the last few years, but, like the prodigal son, is returning to the fold. Truth never dies. Similia will outlive all the fads, fancies and fallacies of the age.

A Hint for Sero-Homœopaths.

The Philadelphia Medical Journal, one of the foremost periodicals of the old school, has this to say in concluding an elaborate editorial upon "The Present Status of Serum-Therapy:—"

"The general principles underlying passive immunity have been satisfactorily formulated, but the details are still obscure, and, until experiments in the laboratory establish with absolute certainty the therapeutic value of a given serum, the physician is not justified in jumping at conclusions. We can well afford to bide our time and let the scientist clear up the path for us to follow. Nothing will be accomplished by the wild rush after new-fangled specifics."

In the body of the editorial from which the foregoing is taken the Journal says: "The unwarranted simplification of the problem of immunity led to a similar misrepresentation of the theory and practice of serum-therapy;" and it ridicules the idea of the practice of medicine being so mathematically simplified. "Here," it remarks, "is the whole thing in a nutshell. We want a specific remedy for a certain specific disease. We inject the specific germ or its product into a horse, and in due time tap that animal for its health-restoring serum. The latter, containing the specific antidote, counteracts the toxins in the body. What could be simpler than this universal formula?"

As with the germ theory so with serum-therapy. Neither is

fully proven, neither is wholly accepted, even by the wisest men of the profession which has evolved these theories. Not only is this true, but more than one able and accepted authority has proclaimed against both theories as fallacious and misleading. The Philadelphia Medical Journal, following in the footsteps of the London Lancet, sounds no uncertain note of warning in cautioning the profession against running madly after these delusions. It wants the laboratory to prove its claims before the medical profession commits itself to serum-therapy as the therapeutics of the future. It might even go further, with propriety, and dwell upon the fact that many a beautifully-spun laboratory theory has been exploded to atoms at the bedside. It is not safe to accept any part of the serum-therapy gospel because of supposed results upon pigeons and Guinea pigs.

Under these conditions, and in the face of the doubts of such leaders as the *Lancet* and the *Philadelphia Journal*, how can any member of the homœopathic profession be led away from the truth of similia by the ignis fatuus of the "new-fangled specifics" dogma? The disciple of Hahnemann can well afford to stick to his text and let his old school colleagues do the floundering in the quagmire and uncertainty of animal-serum therapeutics.

NEW YORK COLLEGE COMMENCEMENT.

Twenty-nine men received degrees at the graduation exercises of the New York Homœopathic Medical College and Hospital, in Mendelssohn Hall, May 7th. Dr. W. H. King, the dean of the faculty delivered the address, in which he said that figures from the report of the State Board of Regents showed that the graduates of this college had the highest averages in the State. The degrees were conferred by Anson R. Flower, president of the board of trustees. Dr. J. H. Demarest awarded the certificates of the Metropolitan Hospital. Dr. G. W. Roberts announced that twenty-one had desired and received hospital appointments. The Rev. Dr. W. M. Smith, of the Central Presbyterian church, addressed the class.

Frank P. Ekins won the first faculty prize, a microscope, and will go to Flower Hospital. Thomas D. Blair took the second prize, a microscope, and goes to the Metropolitan Hospital. The

senior honors went to E. B. Cook, assigned to Rochester Hospital; O. Du Bois Ingalls, Cumberland Street Hospital, Brooklyn; E. W. Kellogg, Flower Hospital; G. W. Whitney, Hahnemann Hospital, and R. A. Benson, Flower Hospital. The Fiske, or junior prize, was won by L. R. Kaufman.

A "MARINE BACILLI MAGNIFIQUE."

The dinner of the New York Homœopathic Medical College Alumni in the ball-room at the Waldorf, May 7th, was declared to be the largest ever given. More than four hundred doctors, with their guests, were at the tables, and women filled the galleries. The "diet list" included such delicacies as "Marine Bacilli Magnifique," otherwise clams; "Appendix Saute, Surgical Dressing;" "Salade a Coroner," or calves' brains; "Alumni Vivace a la Entente Cordiale," alias lamb chops, and to wind up "Laryngitis Assorties" and the pleasing "Habitar au Bacterie."

Dr. E. H. Zinnell, the president, made a brief address of welcome, and Dr. H. Worthington Paige was the toastmaster. Dr. King, the dean, talked on medical education, and Dr. Hal Bell convinced all that woman was man's inspiration through life. The Rev. Dr. Savage talked about "M. D.'s and D. D.'s," Professor J. E. Woodbridge described the physician's opportunity, and Lemuel E. Quigg gave his idea about "Sinament and Ginger, Nutmegs and Cloves." The silent toast, standing, was to the memory of Drs. Helmuth, Talcott, Allen and Deschere. Busts of Dr. Helmuth were the souvenirs.

DR. ALLEN'S PORTRAIT.

Advantage is taken of the absence of Dr. Allen to favor the readers of the MEDICAL ADVANCE with an excellent likeness of its editor. This liberty is assumed in response to a number of letters from subscribers who have indicated a desire to see Dr. Allen's likeness along with those which have been given in recent months. With the Editor-in-chief at home his portrait would probably never appear in the journal, therefore the liberty and responsibility lie with the staff, who hope and believe his friends throughout

the profession who would like to adorn their libraries or offices with his picture will endeavor to induce Dr. Allen to deal with his subordinates lightly.

DR. W. A. DEWEY HONORED.

The New York Homœopathic College alumni association elected the following officers for the ensuing year: President, W. A. Dewey, of Ann Arbor, Mich.; Vice-presidents, J. C. Fahnestock, of Piqua, Ohio; Luke Corcoran, of Springfield, Mass.; C. E. Lane, of Poughkeepsie, N. Y.; Treasurer, W. G. Crump; Recording Secretary, A. W. Palmer; Corresponding Secretary, W. S. Mills; Neurologist, F. C. Bunn; Alumni Trustee, W. L. M. Fiske, of Brooklyn; Directors, C. E. Howard, J. P. Seward, I. Townsend, W. B. Winchell, G. De W. Haslett and William Tod Helmuth.

VALUABLE PAPER BY DR. HODGE.

The following letter from Dr. J. W. Hodge tells a story of interest to our readers which they will be glad to hear. For the high compliment paid the MEDICAL ADVANCE its profound thanks are returned. It is always encouraging to know that sincere efforts in the interests of Hahnemannian Homœopathy are appreciated and enjoyed.—ED.

Editor MEDICAL ADVANCE:

I am preparing a paper, entitled "A Review of Some of the Absurdities and Contradictions of the Upholders of the Vaccination Dogma," and I would like to have this paper printed in the MEDICAL ADVANCE, on account of its large circulation. If you will print it I will send you the copy as soon as I have it finished.

I am much pleased with the ADVANCE. It is the only medical journal I take which is true to the Hahnemannian doctrine of Similia Similibus Curantur. Many of our so-called homœopathic journals ape the old school so much that they but make themselves ridiculous.

Fraternally yours,

Niagara Falls, May 18, 1903.

J. W. HODGE.

DR. HUFFMAN IN A PROMISING FIELD.

Weleetka, I. T., May 18, 1903.

Editor MEDICAL ADVANCE:

My new home, Weleetka, is two miles north of the town marked Alabama on most maps, and twenty-five miles north of Holdenville, in the Creek Nation. Its population is two thousand, although it is only fifteen months old.

This is a junction point of the Frisco and Fort Smith and Western railroads, and a freight division which will add to the prosperity and size of the town. Nearly all the towns in the Indian Territory are young, and as the country develops will grow rapidly. We have two banks, electric lights, and will have city water in less than a year. An abundant supply of coal, oil, natural gas and timber, with a liberal amount of prairie, besides some minerals, make this prospectively a rich country.

All my spare time, which is considerable, is spent in study—most of it is *Materia Medica*. I intend to practice nothing but pure Homœopathy. I am satisfied to stick to the law.

Fraternally yours,

R. W. HUFMAN.

GENERAL NEWS AND ITEMS.

Alleging that the law which discriminates between local and itinerant physicians violates the State Constitution and the fourteenth amendment of the Constitution of the United States, Dr. Benj. A. Stockdale, of Council Bluffs, has brought suit against the Treasurer of the State of Iowa for the recovery of \$250 paid as license fee as an itinerary physician.

Dr. H. V. Halbert, editor of the Clinique, was elected president of the Illinois State Society for the ensuing year, his college colleague, Dr. Burton Hazeltine, succeeding Dr. George as secretary, the latter declining re-election after eight years of efficient service.

The next meeting will be held in Chicago.

Dr. Carl A. Wickland, 324 Wells street, Chicago, will shortly sail for Europe for an extended review in hospital work.

Dr. Wm. Maclay Lyon, one of Hering college's loyal graduates, is located at 733 Kansas avenue, Topeka. Dr. Lyon writes most encouragingly of the outlook for pure Homœopathy in Topeka. The old spirit seems to be reviving, and, with three young Hahnemannians, Drs. Lyon, Nicoll and Aldrich, recently swelling the number of those already established in the Kansas capital who are faithful and true, there should be an unusual development of the right homœopathic faith. A local university with a homœopathic chair is among the early possibilities, and a Hahnemannian Club is being talked of.

Dr. C. E. Sawyer, of Marion, Ohio, Chairman of the Transportation Committee of the American Institute of Homœopathy, has arranged with the Erie railroad that if as many as eighteen members will form a party they can have a special car for Boston, joining at Youngstown, Ohio, from Chicago, Cleveland and Cincinnati. There ought to be no difficulty in making up several cars of members from these cities and neighborhoods, the physicians going to Boston deriving a great deal of pleasure out of the journey. Communicate with Dr. Sawyer if you care to join the party.

Never in its history has the MEDICAL ADVANCE grown more rapidly than at the present moment. Almost every mail brings new subscribers and voluntary expressions of good will and appreciation of the character of the work the ADVANCE is doing for Homœopathy throughout the world, there being hardly a country under the sun to which it does not go. Gradually, but surely, the old homœopathic spirit, upon which the ADVANCE is builded, is being revived.

The practice of the only homœopathic physician in town of 8,000 is for sale. No other homœopath nearer than 56 miles. Fine mountain climate. Address P. O. Box 615, Laramie, Wyoming.

Kansas City, Mo., has a very good Organon Club, devoted to the study of the Organon, the single remedy and the single dose.

The Medical Advance.

... AND ...

Journal of Homeopathics.

VOL. XLI. LANCASTER, PA., AND CHICAGO, JULY, 1903. No. 7.

Illinois Homeopathic Medical Association

BUREAU OF MATERIA MEDICA.

Motto: "Let the Law Direct and Experience Confirm."

The Study of the Physiological Action and Application of Drugs.

BY A. C. COWPERTHWAIT, M. D., CHICAGO.

At the present time there seems to be a growing tendency to study the action of drugs and to apply drugs in disease from a physiological standpoint. This is no new thing. Ever since the days of Hahnemann there have been those who have advocated this method of drug study and drug application. Therefore it is not surprising in these days of physiological and pathological research in all things medical—these days when the scalpel and microscope and test tube are the whole thing—that the followers of Hahnemann are more or less influenced by their surroundings and seek to discover the action of drugs through somewhat if not altogether similar sources, or having, as they suppose, obtained the information desired, that they apply drugs on similar principles in the treatment of disease.

No one will question the propriety and desirability of learning everything it is possible to learn in regard to drug action. To always know what organs and tissues and functions are attacked by a drug, and just how they are altered and the character of that alteration is of the greatest importance. Such knowledge, if properly used, gives a desirable foundation upon which to rear the important superstructure of the drug edifice—symptomatology. Unfortunately, however, we cannot in all cases be certain that our views as to the physiological action of a drug and the *modus operandi* of that action are absolutely correct.

It is not unusual that these views vary widely with different investigators. It is also an unfortunate fact that those who lay greatest stress upon the importance of a physiological knowledge of drug action as a foundation for our *materia medica* rarely rise above that foundation, but continue to live in the darkness and foul air of the cellar, refusing the fresh air and sunshine and health giving properties of the superstructure. We need both. We need a solid foundation, and we need a strong superstructure. The one without the other would prove of little value. Yet, if one were building a house and did not possess the means to put in a good foundation and also erect the house, he would, if he needed the house, build it upon the best foundation he could obtain for his money and trust to strengthening that foundation in the future.

So with our *materia medica*. Let us put in the best foundation we can and add to it as our knowledge advances, thus at the same time strengthening the house we live in—the practical, the absolutely necessary part of our *materia medica*—symptomatology.

THE VALUELESSNESS OF SPECULATION.

Of what avail is it in the application of remedies to theorize as to their method of action. Take Tartar Emetic as an illustration. For nearly a century, possibly more, the *modus operandi* of its action has been diligently sought for, and yet though hundreds of investigators have experimented to elucidate its action in various ways, and though many experiments have been made, both voluntary and involuntary, upon man and beast, it must be confessed that up to the present we know very little of the action of Tartar

Emetic outside of the bare fact that it acts upon the lungs and mucous membranes and skin. Just what that action is we can only surmise in part, and just how that action is brought about we do not know at all.

Dr. Lobethal seeks the *modus operandi* in the power of this drug to produce and increase fluidity of the blood, more especially in the capillary vessels of the mucous membranes, having for its necessary consequence exudation, which he appears to assume is its primary action; the nervous system (productive of spasm and torpor) being affected secondarily.

Dr. Kurtz, on the other hand, finds the explanation of the action of Tartar Emetic in its power to promote the retrograde metamorphosis of the blood, diminishing the number of red corpuscles and albumen in the blood and eliminating them from the system through vomiting, increased secretion of bile, diarrhoea and perspiration.

According to Dr. Riel Tartar Emetic diminishes the urine somewhat the sum of the solids (urea and salts). The elimination of carbonic acid increases; the number of respirations are diminished, or increased in depth, the pulse becomes slower, but stronger. The metamorphosis of the blood, especially of the blood globules, is increased.

These are only three samples of many theories concerning the action of Tartar Emetic. None of them are of any practical value to the therapist, yet, even the most untenable theories may sometimes serve a good purpose in the study of drug action.

To Dr. Riel, with Kurtz's theory of tissue change in his mind, his explanation of Tartar Emetic was just as good as someone else holding to the theory of its action upon the pneumogastric. It is to both a matter of association of such thought as is within their individual ken.

Saying this does not deny the necessity of progress in matters physiological; on the contrary, it is self-evident that the nearer the natural lawful explanation of the phenomena produced by a drug is at hand the easier and the more perfectly must it cover the whole of these phenomena; but it also shows that just so long as the whole of such phenomena cannot be covered by our physiological

knowledge; just so long are we in the region of doubt and have no right to expect of everyone to look through our spectacles.

PHYSIOLOGICAL PRESCRIBING A DELUSION.

I do not hesitate to assert, and I think it cannot be gainsaid, that there is not one single remedy in our whole materia medica whose physiological action is thoroughly understood. This being the case, it follows that to depend solely upon our knowledge of such action in the application of drugs in disease is not scientific, must necessarily lead to routine empiricism, and is fraught with error. Physiological prescribing, or, more correctly speaking, pathological prescribing, is a natural though not a necessary result of physiological drug study. Could we eliminate this danger there could be no possible harm and doubtless much good from the latter. Even in instances where the physiological action of a drug upon certain organs and tissues is pretty well established it has been found that a successful prescription cannot be based alone upon this knowledge. Were it otherwise we would have an easy road to routine therapeutics and specific medication would become a blessing to the now overworked student of materia medica.

A drug known to produce inflammation in a certain organ would always be the remedy for that condition. For instance, referring again to Tartar Emetic, Magendie injected a solution into the veins of some dogs. They died, were examined and their lungs were found in a similar state to that called hepatization—therefore Tartar Emetic, we are told, is a specific remedy in hepatization of the lungs. Who does not know how rarely this drug has proved of value in such states, and then only when indicated by certain symptoms which are not necessarily dependent upon hepatization, and which yield as promptly to the remedy if there be no hepatization. This holds true with all drugs. Aconite is the most frequently indicated remedy in the first stage of pneumonia, Bryonia in the second stage and Phosphorus in the third stage, but not solely because their physiological effects are similar to the pathological conditions found in these respective stages of pneumonia—rather because we most often find in these stages the peculiar symptoms of the respective drugs. Without these

symptoms these drugs would prove of no avail regardless of their similarity pathologically, and with these symptoms the respective drugs would give prompt benefit in any stage of pneumonia, regardless of the pathology.

Take Baptisia in typhoid fever. We all know the remarkable physiological effects of this drug in exciting congestion and inflammation of Peyer's glands, but with this local condition there are invariably associated certain symptoms peculiar to Baptisia. If these symptoms are present Baptisia will do wonders; if they are not present it will do nothing. These symptoms are usually only present during the first week of the disease, but they may be and often are present after ulceration is established. If so, Baptisia works equally well, though the drug has no power to produce ulceration, and there is no corresponding pathological relation between the drug and the disease.

A few months ago I was called in consultation with a physician in a case of chronic diarrhœa with profuse, watery, painless stools. He was giving Mercurius cor.; I enquired why; he replied "because this is a case of colitis and Mercurius cor. causes colitis." I know of several physicians, and doubtless there are many more, who for the same reason always depend upon this remedy in all forms of diarrhœa and dysentery, just the same as they, and thousands of others, invariably give Baptisia, regardless of symptomatic indications, if they think they have a case of typhoid fever. Many other illustrations, probably better ones, might be detailed, but they are unnecessary.

It is simply an impossibility for the action of any remedy to be brought under any one recognized pathogenetic process. Take any one well-known remedy of our materia medica and set down all the well-authenticated cures made by it; also, take the pathological process and set down all the remedies which have ever been known to be positively helpful in such process and compare.

In every instance, without exception, will it be found that the single remedy in its curative action falls in very many different pathological directions and with every single pathological state will it be found that the helpful medicines fall in very many directions among the remedial agents.

This fact is not new, for Dr. Hering advanced it many years ago; yet it is none the less true and from it we make the legitimate deduction that our present pathology is not and never can be the guide to the selection of remedies.

Let us then go on with our physiological studies of drug action, but let us remember at the same time that the selection of a drug in any given case must depend upon the totality of the symptoms. These being present the pathology of the case will be well taken care of. Pathological prescribing leads surely to generalizations and routinism; whereas a successful and scientific homœopathic prescription can only be made by the most careful individualization both of the patient (not of the disease) and the remedy.

DISCUSSION

S. H. Aurand, M. D.: In general I like the paper very much and am greatly in harmony with it. I believe thoroughly that it is necessary to follow the principles which our founder laid down, viz., to consider the totality of the symptoms which a drug is capable of producing in order that a correct application may be made in any diseased condition.

I do not quite understand Dr. Cowperthwaite's position with regard to the study of the physiological action and application of drugs. I gather from what he has said that he recommends, and deems it highly important, that we study both the physiological action and the finer symptomatology of drugs, in order that we may be best equipped to handle them scientifically. With this I most heartily concur. But he also says that "those who lay the greatest stress upon the importance of a physiological knowledge of drug action as a foundation for our materia medica, rarely rise above that foundation, but continue to live in the darkness and foul air of the cellar, refusing the fresh air and sunshine and health-giving properties of the superstructure." He directly follows this with the somewhat contradictory, yet, to me, pleasing and forceful, argument: "We need both. We need a solid foundation and we need a strong superstructure. The one without the other would prove of little value."

Here Dr. Cowperthwaite gave expression to a splendid and

brilliant truth, and therefore I do not agree with his former statement, but, on the contrary, I fully believe that to begin the study of any science at the bottom, in the cellar if you please, not only does not keep one "in the darkness and foul air of the cellar," but, beginning deep, lays for himself a more solid foundation and inspires himself with greater ambition and power to climb into "the fresh air and sunshine and health-giving properties of the superstructure." The few laggards who would wallow, stick fast, and remain in the mud and mire of the basement, would, and do, on the other hand, without acquiring the fundamental knowledge of the science, try to fly, without wings, into the misty gloom of the clouds. Such men are the hobbiests of their time. They ride one phase—an important one of course—of *materia medica* knowledge, to destruction. They are not, in my opinion, the true Hahnemannians of our day. If I could understand all drug knowledge as thoroughly and completely as did our noble, heroic founder, I should be abundantly satisfied. Without this complete knowledge he never could have made the comparisons he did, never could have weighed in the balance the various methods of medical practice in his day, and he never could have bequeathed to future generations the legacy which we so highly prize.

As Dr. Cowperthwaite has said, we need both. First plant our feet solidly upon the lower round of the ladder and then diligently climb, not fly, to the top. I might add right here that it is a pretty good thing for us to understand something about the limits of our science, and stop when we get to the top round of the ladder while we yet stand upon a solid foundation. I believe I am a homeopath to the backbone. I fully believe in the homeopathic principles laid down by our great founder. I believe that all of our homeopathic medical colleges should begin their instruction in drug knowledge as near the cellar of the science as possible. Much valuable knowledge should be imparted to the student before even reaching the physiological action of drugs. Then step by step he should be led along until he reaches the crowning dome of the science, symptomatology and homeopathic therapeutics. This I believe will make it unnecessary, as well as undesirable, for our medical students and practitioners to look to the allopathic colleges for additional drug knowledge.

Concerning the physiological action of Tartar Emetic, I have some practical knowledge. When I was a boy I had an attack of malarial fever. No homeopathic doctor lived in my town. One went through occasionally, however. As I was getting along poorly under the allopathic doctor's treatment I hailed the homeopathic doctor one day. After asking me a number of questions he told me to take Tartar Emetic. His Tartar Emetic bottle happened to be empty, so he told me to go to the allopath and ask him to give me very minute doses. I did so, and the allopathic physician gave me eight-grain doses, to be taken every hour. After taking a few doses I began to experience a general flushed feeling with some perspiration. Soon I began to feel sick all over, then came a rumbling and rolling in the stomach, followed very shortly by an upheaval of large quantities of mucus and bile. There was also much accumulation of mucus in the bronchial tubes. These symptoms were soon followed by great depression and clammy perspiration. I learned through this valuable experience that Tartar Emetic is both an irritant and a depressant.

I remember about a year ago having had a talk with Dr. Allen upon this subject, who told me at that time that I was on the right track, and that he had gone through with the same experience before arriving at his present *materia medica* position. I take it from this that he at least recommends the study of the physiological action of drugs.

Dr. Cowperthwaite made a good point when he spoke of Baptisia in typhoid fever. Other drugs are capable of producing inflammation of Peyer's glands also, therefore the physiological knowledge of drugs will at once suggest the group or class of drugs which are indicated in a given case; but the single, indicated remedy must be selected from this group by its finer symptomatology.

Take Cactus, for instance; we know it acts upon the circulation, producing a contraction of the circular fibres of the arteries, giving rise to the symptom known as the vise-like grasp of the heart, or the iron band about the heart. It also acts upon the pneumogastric nerve, producing paresis and acidity of the stomach, which accounts for the bloating and other symptoms of this vis-

cus. And third, it acts upon the muscular system, producing a rheumatoid irritation or inflammation, which accounts for the symptomatic aches and pains in the various muscles. This is physiological knowledge of this drug, but it is important, because it gives us the whys and wherefors of the finer symptomatology.

To my mind it is impossible to get a perfect picture of a drug without knowing something of its physiological action; it is also of equal importance to know its finer symptomatological action. If I had time I should like to say something about the other half of the question, viz., the image of the disease. It is just as important to begin at the beginning here and trace all of the etiological factors from their source to present conditions. I mean by this that physical diagnosis is just as important to a perfect image of the disease, as is the name, or individualization, of the drug to its picture. Get a perfect image of the disease by becoming thoroughly acquainted with it, and a perfect picture of the drug by becoming thoroughly acquainted with it, and then the homeopathic application becomes comparatively easy. This is in direct accord with Hahnemann's teaching, and he says that we cannot do it too thoroughly. ,

DISCUSSION BY J. T. KENT, M. D.

I am very much interested in Dr. Cowperthwaite's paper because it speaks of Hahnemannian Homeopathy, because it stands up for the Homeopathy that has made us successful in practice.

No one would ignore all there is in the physiological action of drugs, but after it is all summed up it is no great thing! It is too relative. There is nothing in it by which we can individualize. We can get nothing other than a general nature of the case by the study of pathology and nothing of the drug but a general idea by the study of the physiological action. We get a group of remedies for a group of diseases and that is all. We get too much that is common to all sick people and too much that is common to all remedies.

Suppose you look up the pathological state of the patient and then the physiological action of drugs and what do you find? You find a large group of remedies and the more common the complaint the larger the group, while those peculiar, strange, rare symptoms, those which Hahnemann tells us are the ones that indicate the remedy, are seldom found.

All that is knowable of disease is expressed in symptoms; all that is knowable of drug action is expressed by symptoms; and those peculiar mental symptoms upon which Hahnemann lays so much stress in his directions for the selection of the remedy. A woman has taken a sudden antipathy to her husband, to her children. What physiological action of the drug and what pathological state of disease is indicated by such a mental state—by this peculiar symptom? What pathological condition is present in that patient whose condition is worse from four to eight in the afternoon, known so well under *Lycopodium*, and which has led to its use and the cure of sickness by its administration? Strange appetite, strange mental state, peculiar, rare symptoms are the guides in the choice of a remedy.

The physiological action of a remedy as a basis upon which to prescribe is too relative, and we want something positive, striking, leading. The amelioration of pain in the back by lying on the back, characteristic of *Natrum muriaticum*, stands out clear and distinct. Is such a pain neuralgic, rheumatic, or what? I confess I do not know. But I have seen the image of the drug and the picture of the disease, and it is these peculiar symptoms of the drug which bring cures. I would not ignore the physiological action of the drug, but I must have something to individualize, something in every case not common to all cases upon which to base my homeopathic prescription.

The paper is a grand one because it stands for the Homeopathy of Hahnemann, and you have my thanks, Dr. Cowperthwaite, for it.

DISCUSSION BY DR. H. C. ALLEN.

I want to take issue with Dr. Aurand in the statement he made that I believe in the physiological action of drugs as a basis for

the prescription. First and foremost there is no such thing as a physiological action of any remedy.

I desire to congratulate Dr. Cowperthwaite upon this excellent paper. He has written a good many good papers, but this one is the best I have ever known him to write. He has stated some fundamental rules and told us things that will help us very much if we will only keep them in mind. He said that we do not know much, if anything, about the physiological action of any remedy in the *materia medica*, and that is true, from *Aconite* to *Zincum*. No one drug do we know completely. And what things we do know will not help cure a single sick patient if we do not get these uncommon symptoms which mark the drug from all other remedies. The physiological action of a remedy is too general; we do not want that. We want something that is individual, something by which we get individualization.

We might as well say, as Dr. Cowperthwaite's friend said, *Mercurius corrosivus* will cure colitis, whatever the peculiarities of the patient; *Bryonia* will cure rheumatism; *Rhus toxicodendron* will cure rheumatism; *Sulphur* will cure rheumatism. If we take the so-called physiological action of the remedy as the guide how much better off would we be than the doctor who gives *Mercurius* because the patient has colitis, or than our allopathic friends? Would you ask me to prescribe for the Illinois Homeopathic Medical Association in block? Oh, no, let me prescribe for the individual man or woman; and that is what Dr. Cowperthwaite pleads for.

He does not say that you should begin at the falsely termed bottom of the ladder and teach the student the physiological action of the remedy. That is time thrown away. I have been through the mill. I started there and wasted fifteen years of the best of my life in studying Hempel's *Materia Medica*. The first edition of the work came out in my early student life and I have often wished it had never been printed. How many of the peculiar, rare, characteristic symptoms do you find under the study of the physiological action of a drug? How nearly can you select the homeopathic remedy in such cases? You cannot do it. Homeopathy is not built that way.

Begin your course of study with the physiological action? Why not begin your study in an allopathic college? Dr. J. H. Clarke, the accomplished editor of the *Homeopathic World*, of London, wrote me once and said, "You are to be congratulated in Chicago, where you have homeopathic colleges and can take your students and teach them Homeopathy from the beginning. Our students have to go through allopathic colleges here, and then not one in a hundred ever gets back to Hahnemannian Homeopathy."

Study the toxicological action of a remedy! The student should study the symptomatology, for he bases his homeopathic prescription upon the symptoms of the sick patient. The student should understand, yes, know, the symptoms the drug will produce, and then, interpreting the symptoms of the patient, that is by fitting the remedy to the patient, he will secure the perfect homeopathic simile, and cure. (Applause.) *Pulsatilla* is the best proven remedy in the *materia medica*, and I do not believe you will find a single toxicological symptom in the whole list of symptoms under it.

Do these toxicological symptoms help us in selecting the remedy for the sick patient? That is the question, and as it can be answered only in the negative then the study of such symptoms is useless.

Dr. M. C. Sturtevant, Morrison, Ill.: Did Hahnemann know anything about the physiological action of remedies?

Dr. H. C. Allen: He knew it as they believed it to be in those days.

Dr. Sturtevant: And yet he made a success of his practice, and left the school behind him. He did not study the physiological action of remedies after he saw the light. And, in this study of the physiological action of remedies do we not find the reason why so many of us are wandering after strange gods and making use of these compound tablets containing three, five, or more drugs? I believe we do.

DISCUSSION BY DR. MARY E. HANKS.

I want to say something on this paper, not that I do not believe

in its teachings, but because I think it is due those who have listened to the discussion of this splendid paper to hear something on the other side. Dr. Cowperthwaite, Dr. Aurand and Dr. Allen have each given something ideal in the selection of the remedy. The fact is this: There are but few of us who, like them, have good *materia medica* heads and I am going to say what I have to say even though it cost me my reputation. I can never remember which drug has the peculiar symptom of being worse when standing on the left foot in the open air or which is better from the same position; what drug is worse ten minutes past 3 o'clock in the morning, no matter whether your clock is right or wrong. (Laughter.) I cannot remember.

I said to Dr. Allen once, "I wish I could do as you do," and he insisted that it is very easy, but I know it is not. Once in a while I get the right remedy and make a brilliant cure. I am not saying this because I believe it cannot be done, but because all people have not the same kind of a head for remembering these things, as Dr. Cowperthwaite or Dr. Allen. I believe, also, that this is one reason why physicians are not all homeopaths and why some of our graduates take up allopathic practice. They cannot remember these peculiar symptoms and are discouraged by their failure to do so. They believe that unless they can do all the things these men do they can never succeed, so they resort to the easier methods of the old school.

If we could carry these "better and worse" symptoms of this drug and that in our heads we could hit the nail on the head perhaps every time. But, if we do not know them then what are we to do, except to select the remedy from its physiological action? The reason that I have for saying these things is to encourage the younger members of the school to do the best they can and not to become discouraged, and because I feel that there are others who cannot remember these drug peculiarities any better than I remember them and yet we do a little "poor good" now and then. I want to say that I admire these *materia medica* men; we need them, as leaders of our school, and to hold us up to our best endeavors.

Dr. Barnes: I believe the remarks of the lady doctor voices the

sentiments of a large proportion of her brother homeopaths who feel the same as she feels, that they are not capable of making the selection of a remedy with unerring skill. It seems to me here is an opportunity for these materia medica heads to direct our thoughts along lines that will help us to approach our work in this direction, the selection of the remedy, with greater confidence in ourselves and point out the way for us to avoid our mistakes.

I am one of those who cannot remember what drug has the aggravation at ten minutes past 3 in the morning, clock right or wrong; whether standing on the left leg makes one better or worse. Here is an opportunity for them to call attention to the importance of remembering these rare symptoms, an opportunity of teaching us how to remember them. Can we not have something along this line, now?

Dr. Allen: Let me say to Dr. Hanks and Dr. Barnes it is not in my head, nor my brain, but I have to study my materia medica just the same as I always did. I use the repertory and look up my cases.

DISCUSSION BY DR. A. L. BLACKWOOD.

I believe the physiological action of a remedy is all right to know, and valuable to any physician, but if you will take the physiological action of a remedy and study its symptomatology and study them one after the other and follow along the provings I believe you will discover that they correspond very closely. Did you ever try it and find they did not correspond? The trouble with us in studying our materia medica is that we get a little mixed in terms. One observer holds a post mortem and discovers something and stops, another continues and discovers something and stops, and still another discovers something and stops, and each one will make an entirely different report of the case, each ignoring what the other has found. The difficulty is similar in studying materia medica; we should complete our knowledge of the drug no matter where the symptoms come from or what conditions the drug will produce. In that way we get the perfect picture of the drug action. The trouble with the

physiological action of the remedy lies in the fact that it gives nothing real definite, and we want the definite. Now I believe all the physiological action of or provings of a drug we need is found in Hering's Guiding Symptoms. I believe that is the physiological action Dr. Kent came close to in his discussion of this paper.

If you take the physiological or toxicological action of a drug and study it with the provings you will find that it runs along the same line, and produces many symptoms in common, while the provings alone bring out the psychological phenomena, the peculiar symptoms, upon which we base many of our successful prescriptions.

I would suggest that we take the few great remedies of our materia medica and learn the characteristic symptoms of each, get them in our heads and I feel sure there will be but little trouble in selecting the homeopathic remedy in many cases. I am willing to confirm Dr. Hanks in her opinion that there are differences in minds. Some minds are analytical; others take things more general, but you take these men who know their materia medica and it is the result of hard work. It is not in their heads at all, it is simply because of their eternal digging at it. There is not two per cent. of our materia medica men who have these things in their heads, and the only way they make a success of homeopathic prescribing is by keeping everlastingly at it.

The Chairman, Dr. Waring: I would like to suggest to those who believe it necessary to carry these things in their heads that it is not so. If you have the tact to secure the peculiar, rare, uncommon symptoms of a case and the remedy is not clear you can give a placebo and then consult your repertory. In other words, I would advise you to see your repertory when you are in doubt. I will ask Dr. Cowperthwaite to close the discussion, although I feel we could spend the afternoon very profitably in discussing his paper, but we have others which, are, no doubt, equally as good and profitable.

Dr. A. C. Cowperthwaite (The essayist): There is nothing especial for me to say in closing this discussion, as the chairman

has mentioned exactly what I intended to add, and that is to advise you to use the repertory. Those who jump at conclusions in every case do so solely and simply because they are too lazy to look up the remedy in the repertory, or else they are too careless. No one carries his *materia medica* in his mind; that is an impossibility, and the selection of the homeopathic remedy means work. It is so easy to give a routine remedy; but question your patient, take time to study the symptoms of the patient and of the remedy and you will be successful. That is all there is to it.

Hypericum, with Comparisons, in Surgical Cases.

BY JAMES T. KENT, A. M., M. D., CHICAGO.

One who makes a study of the proving of *Hypericum* will be reminded of a class of injuries involving sentient nerves, and it is not surprising that this remedy has come into use for the results of such injuries. The surgery of Homeopathy largely involves the use of *Arnica*, *Rhus tox.*, *Ledum*, *Staphysagria*, *Calcarea* and *Hypericum*. These remedies are used in almost a routine way when a physician runs into semi-surgical conditions, or the results of injuries. For the bruised, "black-and-blue," sore and pounded appearance and sensation *Arnica* comes into use; it corresponds especially to the acute stage until the soreness and bruised condition have disappeared from the parts injured or from the whole body; but for the strains of muscles and tendons *Arnica* proves insufficient and a thorough study of *Rhus* will show that that remedy is suitable for the resultant weakness of tendons and muscles, and the bruised, rheumatic feelings that come on in every storm and often wear off on continued motion. For the final weakness that persists even after *Rhus* we have *Calcarea carb.*

In these three remedies we have a series, but to distinguish these from *Hypericum* is the important thing. *Hypericum* is only

a minor remedy for bruises and strained tendons and muscles; it goes into a different class of complaints. Hypericum and Ledum run close together, and they have to be compared. Ledum has much of the sore bruised feeling of Arnica and will often take its place; but Hypericum and Ledum come together for consideration when an injury to a nerve has taken on some sort of inflammatory action. Instead of the muscles and bones and blood vessels, as in Arnica, Rhus and Calcareia, the nerves are the sphere for these two remedies. When the finger ends or toes have been bruised or lacerated, or a nail has been torn off, or when a nerve has become pinched between a hammer and the bone in a blow, and that nerve becomes inflamed and you can trace the pain up along the nerve, and it is gradually extending toward the body from the injured part with stitching, darting pains, coming and going, or shooting up from the region of the injury toward the body, a dangerous condition is coming on. In this condition Hypericum is above all remedies the medicine to be thought of and hardly any other medicine is likely to come in.

THE PREVENTION OF LOCK-JAW.

Sometimes a vicious dog will take hold of an individual through the thumb, or through the hand or the wrist and run one of his great teeth through the radial nerve or some of its branches in the hand, causing a lacerated wound. You may not find in the earlier stages the symptoms of Hypericum, but they will develop gradually and you will have them to treat. Do not cut the arm off, but cure it. We cure all these injuries with medicines—punctured, incised, contused and lacerated wounds, painful wounds.

A wound sometimes will yawn, swell up, no tendency to heal, look dry and shiny on its edges; red, inflamed; burning, stinging, tearing pains; no healing process. That wound needs Hypericum. It prevents tetanus. Every practitioner knows that lock-jaw may develop after an injury to sentient nerves. The old school doctor is frightened by these shooting pains up the arms after an injury. A shoemaker may stick his awl into the end of his thumb or a carpenter may stick his finger with a brass tack and he does not think much of it, but the next night shooting

pains commence extending up the arm with great violence. The allopathic physician looks upon that as a serious matter, for he sees lock-jaw or tetanus ahead. When these pains come on Hypericum will stop them, and from this stage to advanced states of tetanus with opisthotonos and lock-jaw Hypericum is the remedy. It is full of just such symptoms as are found in tetanus and such symptoms as lead to tetanus and it is full of all the manifestations of an ascending neuritis.

Then you may have an old scar, and it comes in contact with something and is injured, bruised, torn internally, smashed, and stinging, tearing pains set in in that cicatrix, and it burns and smarts and stings, and there is no relief, and the pain runs toward the body along the course of nerves. A painful cicatrix with pain shooting up toward the center of the body following up the nerves. Hypericum is the medicine for that.

Now there are other remedies,—all know about Arnica, but be sure you keep it in place. The first stage of an injury, where much bruising has been done, and there are none of these pains that I have described, for the first hours for bruised conditions and concussions and shocks Arnica is routine, because it produces states upon the human body like as it had been bruised. But you will find Arnica only fits into that one place. Arnica should never be used for wounds the way the lay people use it, because if it is used in full strength it may bring on erysipelas.

Again bruises of the bone and bruises of cartilages, bruises of tendons, of the insertion of tendons, and bruises about cartilages and about joints, Ruta is better than any other medicine; and if we study the proving of Ruta we will not be surprised, because it produces such things. Lingering, sore, bruised places on bones, in joints and upon cartilages. But Ledum comes in very often as a preventive medicine. It is a preventive medicine when an accident happens to the ends of the fingers, if somebody steps on a nail or tack or sticks a splinter under a finger-nail or into the foot. If a horse picks up a nail, pull it out and give him a dose of Ledum; there will never be trouble, he will not go into lock-jaw. These punctured wounds, rat bites, cat bites, etc., are all Ledum; *i. e.*, Ledum prevents the shooting pains that naturally come and

the nerves will never be involved. We will have no trouble at all if we can give it right on the spot. Again, if the pain is a dull, aching in the part that was injured, in the wound, *Ledum* is still the remedy; if it shoots from the wound up the nerve of the arm it is more like *Hypericum*.

A sensitive, nervous woman steps on a tack during the day, and she feels all the day where the tack went in, lies down in bed and it aches so violently she cannot keep it still. *Ledum* will prevent any further trouble, but if that goes on until the morning the pains will be shooting up the leg, calling for *Hypericum*. I mentioned the use of *Ledum* when a horse picks up a nail. Now, if a nail goes through the thin part of the hoof and strikes the coffin bone that horse is almost sure to die with tetanus; the veterinarians know nothing for it; though they poultice it and put on liniments, etc., that horse will die with tetanus; but if a dose of *Ledum* is given before the tetanus comes on it will save the animal from tetanus; after the jerking comes on *Ledum* will not do, but *Hypericum* will. *Hypericum* belongs to lacerated wounds and when there is laceration of parts that are full of small nerves, sentient nerves, give it at once. Do not fool with *Arnica* because there is soreness, for the soreness is of much less importance than the danger from nerves in lacerated wounds. In punctured wounds give *Ledum* at once. Whatever sequences come on, of course they have to be met in accordance with the state and symptoms of the case.

HYPERICUM IN INJURIES OF THE SPINE.

Injuries of the spine give us another class of troubles requiring *Hypericum*. I remember a case such as has been met with quite a good many times and such as we read of and hear about, one, however, that was not saved. A sudden lurch of the car caused a man who was standing on the rear end of the car to be hurled back on his coccyx. He did not think much of it, went home, had pains in the head and various parts of the body. Several physicians were called; nobody could find out what was the matter with him, and at the end of ten days he died. They turned him over and found that his coccyx was black and ab-

scesses were threatening in the muscular region. If it had been known *Hypericum* would have saved his life. Many times have I seen *Hypericum* cure like magic. Injuries of the coccyx are among the most serious and troublesome injuries that the physician comes in contact with; injuries just like that, falling back and striking a stone, or something that bruises the coccyx. Very little is found immediately in the coccyx; close examination reveals nothing more than soreness upon pressure, but many times we do have the description of pains shooting up the spine and down the extremities, shooting pains over the body and often convulsive movements. When such things are present any physician ought to be sharp enough to find out an injury, but even very astute physicians are blinded over injuries of the coccyx. Many a woman sustains an injury of the coccyx during labor, and however slight, soreness remains for years afterwards, and she is always in trouble, always hysterical and nervous, from this injury of the coccyx. Such injuries, if taken early, can be cured by *Hypericum*. It is in the remedy. Slight inflammation or irritation of the lower part of the cord; it feels lacerated, and sore, and aches dreadfully and never gives over until the results of the injury right in the spot have been removed. These injuries have been cured in after years by *Carbo animalis*, *Silica*, and other remedies as indicated.

It is related also to injuries of the spine higher up. It is not an uncommon thing for a man, while going down stairs, to fall backward, his feet slip out from under him and he strikes his back upon one of the steps and undergoes a sharp injury. Some will at once give *Rhus tox.*; I have known others to give *Arnica*. *Hypericum* is to be given at once to prevent the kind of inflammation that may come from such an injury. Then there will be other tendencies, such as drawings and rheumatic symptoms that will come on, calling for *Rhus* and finally *Calcarea*. Old weaknesses of the back, with painfulness on rising from a seat, are often cured by *Rhus*, followed by *Calcarea*, but *Hypericum* must first of all take care of the condition of the fibres of the cord and meninges. Meningeal troubles are common from injuries of that class with drawings of the muscles of the back, a feel-

ing of contraction or tightening. Stitching, shooting pains in the back in various directions; they shoot down the limbs. Injuries of the back are not so likely to end in tetanus as the injuries of the sensory nerves; but they are sometimes even more troublesome, because they linger so long.

STAPHYSAGRIA AND STRONTIUM.

Persons who have been injured in the spine or about the coccyx linger along for years with symptoms that would lead to almost every other remedy. We find in the provings such things as occur after these injuries, and of course this remedy will cure anything that its proving justifies. Its action is upon the nerve sheaths and meninges, with stitching, tearing, rending pains along the nerves, wherever there are injuries. Now, there is another remedy that we want to know. If you have a clear-cut or incised wound made with a sharp instrument, or if you have made such an opening with your knife while practicing surgery, if you have opened the abdominal cavity and the walls of the abdomen take on an unhealthy look, and there are stinging, burning pains, Staphysagria is the remedy that will make granulation come immediately. Staphysagria is also a wonderfully useful remedy where the sphincter-stretchers have been. Staphysagria is the natural antidote to stretching. When the urethra of a woman has been stretched, when it has been necessary to stretch it, for instance, for stone in the bladder, Staphysagria is useful. I remember a case of stretching of the urethra; after the operation the patient was in great distress, screaming and crying, bathed in a cold sweat, head hot and body in cold sweat. Staphysagria 45M was given to her, and in about twenty minutes she went to sleep. She had been six hours in that suffering before I got to her bedside, without any relief whatever. Where coldness, congestion of the head, and rending, tearing pains occur from stretching sphincters, or from tearing parts, for the purpose of operation, death is likely to occur, and Staphysagria is closely related to that tearing lacerating and stretching of fibres which cause such suffering.

After a surgical operation where there has been a good deal of

cutting and slashing, a great state of prostration, coldness, oozing of blood, almost cold breath, of course the *materia medica* man, if there is one around, will say, "Why, give him *Carbo veg.* of course." Yes, you will, but it will not help him. It may disappoint you. But, if you are a surgeon, know your surgical therapeutics better than a *materia medica* man, you will say, "No, *Strontium carb.* is what I want." It relieves that congestion all over the body; he gets warm, and has a comfortable night. *Strontium carb.* is the *Carbo veg.* of the surgeon.

PHOSPHORUS VERSUS CHLOROFORM.

Lastly, you have to antidote your chloroform, and because there are pains and aches you will get no action from these medicines; you can antidote your chloroform almost instantly by a dose of Phosphorus, because it is the natural antirote of chloroform. Phosphorus will stop that vomiting. Why? Because Phosphorus has just such vomiting as chloroform has, that is all. Phosphorus likes cold things, cold water in the stomach, and vomits as soon as that water has become warm in the stomach. So does chloroform. Why should they not antidote each other? And then you have pains and aches that Phosphorus does not fit. You have rending, tearing pains, and collapse as a result of operations, and you meet those beautifully. You will save life after operations. You will carry through grave operations upon timid subjects, upon feeble subjects, and make your rate excellent.

DISCUSSION.

Dr. Wilson A. Smith in discussing Dr. Kent's paper said he was much pleased with it, as it presented *Hypericum* in such a clear manner that it would be easier for him to make the correct application of the remedy than it had been before. He felt the society was under obligations to the author of the paper and believed that its observance would lead to a more careful differentiation between the remedies mentioned in the paper in a comparative way. He gathered from the paper that *Hypericum* occupies the same relation to the nervous system that *Arnica* does to the connective tissue and *Ruta* to the bones and tendons. The

wrong idea we carried in our minds of "Arnica for bruises" would not be permitted to mislead if we remembered the points made by the essayist in presenting this neglected remedy. Three things stood out clear after hearing the paper and these were: Ruta is the remedy for cartilaginous tissues; Arnica for connective tissue, and Hypericum for nerves when these were suffering from the result of injury. It is just such papers as this that make us better homeopaths.

Dr. G. E. Dienst, Naperville: Where you have patients who suffer from sore feet, and especially clerks and those who walk on hard floors, you will find very frequently that a single dose of Ruta will relieve the pain and soreness for a long time. With reference to injuries from tramping on a nail, I know, from experience, that you can prevent serious difficulty by the timely use of Hypericum.

DISCUSSION BY DR. H. C. ALLEN.

I have been very much interested in the paper and the discussions which have followed its reading. Dr. Dienst said that he had found Ruta to be an excellent remedy for sore feet, and this is true, except where the sufferers have had gonorrhea, and then it is useless. In these cases Medorrhinum is the remedy.

Mr. Young, who has been before this society, was sick last winter for four weeks, two of which he was in bed. He had poultices, plasters, and other topical applications by the homeopathic physician in attendance. He wrote and told me of his troubles, and I sent him a dose of Ruta. The next day he was feeling much better, and three days afterwards he went down town with his boot on. Now these remedies given by the essayist have been presented solely on traumatic lines, but Hypericum has other uses.

Dr. Coutant, of La Salle, who is here, gave the history of a case of a patient who was suffering from chronic tuberculosis. He was puzzled to know what to do; but noticing one day in the Transactions of the American Institute a report of a case of asthma which I cured with Hypericum, and the symptoms corresponding exactly with his patient, he gave two doses of the rem-

edy, and later on the asthmatic and entire tuberculous difficulty were cured, the patient becoming a well man.

A short time ago I cured a patient of a peculiar form of asthma. He suffered terribly at times, and after giving him a number of remedies I finally gave him relief of all except this peculiarity: He would get along all right during the week, but every Sunday morning about 3 or 4 o'clock, or about that hour, he would suffer an asthmatic attack. He suffered thus for three or four months, when he wrote me of this peculiarity. I could not find the remedy until after a long time had elapsed. Nor was it because my memory was good; not a bit of it. Finally, in my study of the case, I found there the symptoms that guided me to the *Hypericum*; I read, possibly, between the lines as I studied the nervous effect, the attack on Sunday morning, once a week, and I sent him *Hypericum*, with the result that he entirely recovered. I report this case for the purpose of having you not confine your study of this drug simply to traumatic cases.

Dr. S. H. Aurand: Mr. Chairman, may I ask one question? I should like to know the difference between Dr. Kent's method of selecting remedies, as given in his paper, and that of the doctor about whom Dr. Cowperthwaite spoke when he said that *Mercurius cor.* was selected as a remedy for colitis because it causes colitis?

Dr. Kent has told us, in what I consider a very excellent, sensible and logical manner, how to use *Ruta*, *Hypericum* and *Arnica*. He said we should use *Ruta* when the bone and cartilaginous tissues are involved, *Hypericum* when there is nerve injury and *Arnica* in the bruises of the muscular tissue. Now this is splendid, sensible and easy to grasp, but it is all based upon solid pathological conditions. He has given us a fairly good picture and a fairly good image, but in the picture he confines himself wholly to the physiological symptoms, and in the image to the pathological conditions. He didn't say that it was necessary to know and consider the six hundred symptoms of *Arnica* and the numerous symptoms of *Hypericum* and *Ruta* in order that good results might be obtained. This is a very natural way, however, to arrive at conclusions, and I do not wonder that Dr. Kent finds himself,

sometimes, doing somewhat as some of the rest of us do. The part of his paper, however, which he did not read may contain more specific symptomatology.

Dr. Kent: I did mention that in the paper, but I did not have time to present a careful study of the symptomatology of these remedies. A study of the symptomatology of all remedies includes, besides those peculiar symptoms upon which we mainly base our prescription, the physiological action of the remedy, as well. But the physiological action of a remedy would not lead us to use Arnica in injuries to the nervous system. The Arnica prover is sore from head to foot while an injury to a nerve is located first, at least, at the point where the injury is received.

Dr. Dienst mentioned the chronic sore feet of clerks and spoke of the excellent results he had from the use of Ruta; but if the soreness arises from corns and callosities on the soles of the feet then you would give Antimonium crudum. This is the point of distinction between these two remedies, Antimonium and Ruta. The Ruta soreness is found in the periosteum, bruises, with rheumatic conditions behind them, steady pressure, etc. Dr. Allen mentioned Medorrhinum, but its distinguishing characteristics are these: The skin is hot and swollen; red, sensitive, hot and painful, and there is difficulty in walking on his feet. It is true then that Medorrhinum will cure the whole case.

As to taking the bacteria into account in making the prescription, I would say in reply to that that some day it will be fully decided, without a shadow of doubt, as to whether these are the cause of the disease or the result of the diseased condition; but whether they are or not, they do not lead us to the remedy in any case. If the bacteria be the cause the symptoms are what we base our prescription upon; we have no other guide in homœopathic practice, and the whole case must be taken into consideration with a complete history of the symptoms before we decide what remedy to give. Long before the bacteria were ever heard of, and long after they had departed, the successful treatment of each case was and will be continued by administering whatever remedy conforms to the symptoms of the case.

Malandrinum, with Comparisons, in Vaccination and Smallpox.

BY GEORGE E. DIENST, M. D., NAPERVILLE. ILL.

Malandrinum is classed as one of the nosodes and a remedy of great value when indicated. With its preparation and general use, however, we have nothing to do at this time. Our purpose is to ascertain whether or not we have a potent prophylactic against variola without the baneful effects of vaccination. It is also pertinent to inquire whether or not we have a very valuable remedy here, and in Variolinum, in the treatment of that once and still dreadful scourge—small-pox. I shall not attempt a compilation of theories so dry as to put you all to sleep e'er I am half through the reading, but take up at once the practical side of this drug and its twin sisters—Vaccinum and Variolinum—and see if we have anything worth having.

In February of last year—1902—small-pox broke out among the students of Northwestern College and Biblical Institute, located at Napierville, Ill., and it was my privilege to see and treat seven cases out of the ten included in the epidemic. Before any one suspected the presence of the epidemic in our town a great many persons were exposed to the disease, at the clubs and in chapel, by one who was in the first stage of the eruption, and at a very popular wedding attended by certain guests who had it in their homes and did not know it. I saw the first case in my office—a young man who was in the second day of eruption and who exposed many persons in the streets to infection—and when this and another case were reported the following day a general vaccination bee was ordered by the Board of Health. During this bee I vaccinated about three hundred and fifty persons of different ages and conditions. Having seen in my own family the deleterious effect of vaccination while in Japan in 1891 I concluded to experiment with internal remedies and wait the result. I therefore secured some Malandrinum 30x and some Vaccinum 200th, and a large supply of Mulford's vaccine points. My purpose was to give one powder of either the one or the other remedy to each person vaccinated. In the great

rush that followed the peremptory orders of the Board of Health it was impossible to note distinctly the number of them that took Malandrinum and those who took Vaccinninum, but I tried to make an equal distribution of these remedies. Learning that some would not take any medicine at all and were strong provaccinationists I gave them nothing at all. There were some parties who, though exposed as were others, preferred quarantine to vaccination but learned that I gave medicine as a preventive with or without vaccination. In the meantime I secured from Dean Kent a graft of Variolinum c.m. and was in a position to gratify my desire in seeing the effects of the different potencies as a prophylactic when administered to healthy individuals.

SATISFACTORY RESULTS OF MEDICATION.

The results are these: Of nearly two hundred persons who were vaccinated and who received either Malandrinum or Vaccinninum not one individual had a very sore arm, and with a majority the vaccination did not take, nor did they have small-pox, nor any symptoms of small-pox. One young man who roomed and slept with my first case took Malandrinum, and, though nursing his room-mate, had not the slightest symptom of small-pox. About twenty persons vaccinated refused to take any medicine whatever, and among these nearly all had very sore arms and four of them were so severely sore that they needed treatment for nearly six weeks after being vaccinated. On three the vaccination did not take at all and these three took small-pox, two in a very light form and one, the strongest of the three, had it in bad shape, it at one time threatening to become confluent. These three received Malandrinum in the early stage of the disease, and in two of them—the lighter form—some of the maculæ never reached the stage of pustules, and even those macules that became pustules came to absorb in about three days and left no scars that can now be seen. The three cases under regular treatment were badly “pocked,” one very severely.

To about fifteen persons who were equally exposed to the epidemic as were others I gave the medicine only. To two professors of the college and three students I gave three powders each

of Variolinum c.m. and requested a report from them in three weeks. At the end of that time they reported. Four seemed to notice no change in their condition, while one of the professors reported considerable pain in the back and limbs in about ten days after taking the powder, and when these symptoms subsided one lone but pygmic pustule appeared on the left side of the face near the mouth. Notice, those who took the medicine and were not vaccinated showed, with this one exception of a proving, no symptoms of the disease, neither were they retarded for a moment in their work or studies, nor did they spend sleepless nights or dreary days with a sore arm, that threatened, as in some cases of vaccination, septicemia.

"The physician is the prover of drugs," so it is said, and having a wife and children, and being rather sensitive to epidemics, I used the same prophylactic measures on myself as given to the last named fifteen persons, except that to each of the family I gave but one powder of Variolinum and to myself two powders, with the result that in a few days I had every symptom of small-pox except the fever, which symptoms lasted two days, disappeared and I felt as well as usual.

Each case of small-pox treated by myself received Malandrinum 30x in water, a teaspoonful every three hours for two days, and I attribute my success and the absence of scars to this method. Indeed, so mild were some of the cases that they suffered very much less pain and inconvenience than did many of those who were vaccinated and had no small-pox.

EXPERIENCE IN SECOND EPIDEMIC.

In March of this year small-pox again made its appearance in our town, and again vaccination was ordered for all persons who had never been vaccinated, or who had not been vaccinated successfully in the past five years. There was some excitement, but nothing compared to that of last year. This gave me time to note cases and results. I purchased vaccine tubes from Parke, Davis & Co., and vaccinated all who came and desired it. To fifty-seven persons thus vaccinated I gave three powders of Malandrinum, one powder to be taken each evening on retiring. On the great

majority of these vaccination did not "take" at all, and on those whom it did take the sore was very light indeed, nor did these persons manifest the nervous disturbance usual to vaccination. Twelve refused medicine, preferring a "successful" vaccination. The majority of these had sore arms indeed, and one was so badly afflicted that he was disabled for one week, part of which time he spent in his bed.

In one case where a young man nursed his sister through an attack of small-pox, symptoms of the disease began to appear in a severe form on the fourteenth day. I gave him Malandrinum, three doses, and put him to bed for twenty-four hours. He recovered at once and in three days was at his studies again. Twenty-one days later the same symptoms reappeared and I was again called, gave three more doses; the young man again speedily recovered and has remained in good physical condition since; though from his sister the infection was spread to forty different persons in his neighborhood in Canada, and two of the leading citizens died from the disease.

We have in these three remedies—Malandrinum, Vaccinum and Variolinum—it seems to me not only the most potent prophylaxis in variola, but also the best remedial agencies, when indicated, known to the science of medicine.

DISCUSSION.

The Chairman, Dr. Waring: Malandrinum is a nosode from the grease of horses and produces in the provings many symptoms similar to small-pox.

Dr. Jenner, who introduced vaccination, observed that the origin of cow-pox is infection of the udders of cows by contact with grass on which a horse infected with grease has trodden; or the source of infection may be from the unwashed hands of the stable boys who milked the cows after grooming the horses infected with grease. These assertions are to some extent confirmed by clinical experience of many homeopaths, for many years past, who have successfully used Malandrinum against the infection of small-pox and for the bad effects of vaccination.

Those who wish to know more regarding this remedy will find much of interest in Dr. John M. Clark's Dictionary of *Materia Medica*; also, in the October number, 1902, of the *Medical Advance*, will be found a very interesting article including a proving made by the alumni of Hering College, supported by some clinical experience.

I have asked Dr. Dienst to present this paper because it gives you something to think about. The purpose of the paper is not to consider the merits of vaccination, but to suggest some other agent as a substitute for vaccination that will as effectually prevent small-pox and at the same time bring no discomfort or injury to the patient. If any person present has tried one or more of these remedies mentioned in the paper or had any experience with their use in the treatment of small-pox, we shall be glad to hear from him in the discussion.

Please remember, as before stated, that the purpose of this paper is to suggest to the members of the society, and through the society to the profession in general, that there are medicines, if prepared homeopathically, which will more effectually prevent the spread of small-pox than is claimed for the serum vaccination. If the ordinary means of vaccination is a prevention, it must conform to the law and produce in the patient symptoms similar to small-pox. If it "takes" it does that very thing. If it does not "take," no protection is claimed; consequently if by the administration of potentized medicine, similar symptoms to small-pox can be produced, we have a means of prevention just as certain and devoid of the many dangers common to vaccination. Indeed we have the proof in this paper, and in the experience of many who have made similar tests, that these potentized remedies are much more effectual and powerful because they not only act as a prophylactic to small-pox, but will completely antidote vaccination and eliminate also bad effects after injury has been done, and still more become a curative in many cases of small-pox itself.

DISCUSSION BY DR. BELLE GURNEY, CHICAGO.

I have had some experience with the remedies in vaccination. When I started out in practice I was very much afraid of vaccination because of the instruction which I had received in college

and the trouble I had previously in my own family as a result of vaccination. So when I vaccinated I would give Bacillinum or Thuja as a specially indicated remedy, and it would not take. I invariably had to revaccinate these cases, many of them three times, before I would consider them immune. The result of that has been to influence me to let them go if the patients desired to be vaccinated and not give a remedy which seemed to act as an antidote. Since then very little of my work has had to be done over.

DISCUSSION BY DR. HARVEY FARRINGTON, CHICAGO.

I have had no experience with small-pox but I have had with Malandrinum, and have had more than once observed the symptoms of fever and backache found in the early stage of small-pox when this remedy was given to a healthy person. If it will produce the symptoms of disease it will, if given in time, prevent that disease. I once vaccinated a little girl eleven years of age. The result was an extremely sore arm, and when the scab came off there was a deep excavation beneath. However, this granulated up and healed nicely, and the little girl seemed well for a couple of months. At the end of that time she began to develop symptoms of typhoid fever. These symptoms seemed to indicate Bryonia, which I gave. She was better for several days then came to a standstill. I followed the Bryonia with Sulphur. Again there was amelioration for several days, but still she did not get well. During this time my attention was called to a small pustule on the body and I immediately thought of the vaccination. I gave Malandrinum 30x, three doses, for three days. In the next couple of days pustules of the same kind appeared over the sternum, under the arms, and on different parts of the body, and from that time the child began to get better; the fever went down and she made a rapid recovery. The peculiarity of the case was that each pustule left the typical vaccination scar. I have no doubt, whatever, but that this was a case of typhoid fever due indirectly to the vaccine virus, and that the giving of Malandrinum saved the child's life.

Dr. H. C. Allen, Chicago: I want to call the attention of the

members of this society to the fact that we made a proving of Malandrinum at Hering Medical College. One student who made the proving had suffered for twenty-five years rhagades as soon as cold weather came. During the proving he became well and has remained well ever since. Another case was where the scalp was affected and there was a bone-like formation which had been there for years. The case was a patient of Dr. Farrington. After a dose of Malandrinum the formation came away promptly, and this subject has also remained well. For these bone-like protuberances, and for these rhagades, I believe we have a most excellent remedy in Malandrinum when the symptoms do not call for some other remedy.

Dr. C. H. Evans, Chicago: I would like to ask one question: If the Malandrinum antidotes the process of vaccination then we lose all the protective influences of vaccination, whatever that may be, and you are at the same point as before vaccinating. This being true, I would like to ask, Why do you vaccinate at all?

The Chairman: The fact that it will prevent vaccination from working has been proven by the experience of the gentlemen who have spoken here today, and, at the same time, it prevents the small-pox from attacking a patient. Just exactly how it does its work I cannot say.

Dr. E. R. McIntyre, Chicago: I believe this is an experience meeting, Mr. Chairman, and I have lately had a bit of experience with the city health department. It was a case of hemorrhagic measles which I had charge of, and about a week after I had dismissed the case as cured some kind of a case which the health officer pronounced small-pox developed in a flat in the same building, and was reported to the department. Then they proceeded to make some investigation with regard to my case, and carted the patient off to the isolation hospital as a case of small-pox, notwithstanding they had no possible means of knowing what my case was, and without learning the very important fact that the other patient had been exposed to small-pox by another patient that never so far as is known was even reported to them. They proceeded to vaccinate everybody in the vicinity. I gave Malandrinum to all but two members of that family and another

that they vaccinated. Not a single case to whom the remedy was given ever showed the least sign of the vaccine "taking." One young lady who did not take the remedy had a very sore arm. I give you this experience for what it is worth.

Dr. Waring: My own experience is not in small-pox, but in vaccination. I have vaccinated fifty-seven in my own town last year and gave Malandrinum in every case except three. Not a severe "take" occurred except in the three in which the antidote was not used. Two of the three cases went to bed and were given one of these remedies and soon recovered.

Dr. Barnes: Is there any evidence as to the length of time these remedies are prophylactic?

Dr. Waring: There can be no exact calculation. These medicines fall under the same law which controls in all cases. They are prophylactic during the time of action and may be a permanent prevention by removing all susceptibility to the contagion in the patient.

Dr. Evans: What is the use of vaccinating by the old method, if the internal treatment is just as good and better?

Dr. Waring: To fulfill the law as interpreted by the local boards of health until the friends of Homeopathy become strong enough to force this question to a practical solution. I believe it belongs to the homeopathic school to thoroughly investigate this entire subject, and then press the authorities to so interpret the law that a certificate of internal vaccination will be acceptable.

CLOSURE BY THE ESSAYIST.

That Malandrinum has a strong effect upon the system is evident to everyone who has given any study to the action of the remedy. Just how long it will work, that is how long will its action continue, I cannot say at the present time. But I do wish to assert that in using this remedy you avoid the danger and evil effects of vaccination, while at the same time you secure as perfect immunization of your patients to smallpox.

To illustrate: An old gentleman came to see me about himself, saying that when smallpox had broken out in his place of employment he went to his physician to see if it were necessary to

be vaccinated. He had a dry scaly ulcer on his left leg below the knee and did not like to be vaccinated, but his physician advised and vaccinated him at once. In a few days there developed a severe and painful eruption which almost drove him frantic. He went to his physician, who gave him a salve with no result. I was then called, and after looking him over gave a dose of Variolinum c.m., and placebo. In two weeks I repeated the dose. Night before last he came to my office saying that there was not a vestige of eruption left on him. A few symptoms called for Sulphur to clear up the case. I believe these remedies mentioned demand our most earnest study and attention, for if they will prevent small-pox, they are far safer and more potent than a prophylaxis by inoculation.

Did the Baptisia Cure.

Dr. Hoyt defends his Prescription and makes a Case.

BY GORDON W. HOYT, M. D., SYRACUSE, NEW YORK.

NOTE.—Facts are what the true physician desires. In the following communication Dr. Hoyt makes it plain, upon the facts presented, that not only the remedy but also the potency must enter into the account. The main fact is of value whether it be a tincture, a low potency or a very high one which does successful work. As much depends upon the strength of a remedy as upon the remedy itself in many a case.—EDITOR.

A word of explanation and defense. The discussion concerning my typhoid fever case given in the MEDICAL ADVANCE is provoked largely by an incorrect and defective report by the secretary.

The correct report is that six cases of typhoid were presented as being the subject of the paper. Some of these were cured by the potency, a most serious one by Zincum in potency. Another caes, the one under discussion, was cured by Baptisia in the tinct-

ure, although the 30th and 200th had previously failed to start the curative work. The deduction which in your report has been distorted and misconstrued was that it is the indicated remedy, irrespective of potency, that is important. In other words, to avoid the apparent ambiguity and to enforce the point which I at that time emphasized—in a given case the potentized remedy is not necessarily effective, but the tincture may be, and vice versa.

Again, the criticism is made that the case lacks symptom totality, the prescription was not homeopathic, and Baptisia tincture did not cure the case; but the patient recovered, the remedy not being the cause of the recovery.

First, as to the symptom totality. Those familiar with the typhoid picture at the bedside would scarcely need a rehearsal of the symptoms presented in a Baptisia case other than the differentiating or guiding symptom or symptoms, and such were given. Surely there could be no more guiding symptom for Baptisia than the mental one recorded, and this mental symptom calls for Baptisia, and for no other remedy.

The criticism that the patient recovered but was not cured by Baptisia is the criticism the allopath often utters against the homeopath, for he has no confidence in the similimum; but in this instance it is the criticism by the homeopath of the methods he himself adopts and uses. To say that Baptisia tincture in this case forced down the fever as does *Veratrum viride* or the ice pack, at the expense of the heart, shows that this criticism is rendered without sufficient facts or data of the condition. The truth is that Baptisia in the 30th and 200th were persistently tried, and confidence that it was the similimum led to a later trial of the tincture. The case was so remarkably changed within a few hours that no man of scientific knowledge could observe the new conditions without being convinced that Baptisia in the tincture was the similimum, and that it cured.

A Neglected Privilege.

BY FRANK WIELAND, M. D., CHICAGO.

ILLINOIS HOMEOPATHIC STATE SOCIETY.

The subject that I shall present is far from being a scientific one, and yet I shall hope that interest along the lines I suggest may be awakened. If experience is convincing then I should be a convincing speaker.

Nearly four years ago in one of my families a much desired infant died at birth, under circumstances that made the hope of subsequent children futile, or at best inadvisable. The disappointment was bitter, and time, instead of reconciling the parents, only found them more unhappy. Finally, as an almost necessary procedure, I secured for them an infant, paying little heed to its history, and presented it to the mother as a birthday gift. The boy, after four years of care and devotion such as rarely falls to any child, is the handsomest young man I ever saw, and surely was never surpassed in brightness and affection.

Having in mind the revolution one small youth had worked in one family I have made it a point to try the plan in others. I have placed children in eleven of my childless homes, and I have the satisfaction of knowing that I have made these parents as happy as human beings can be.

I am convinced that adopted children as a class are more beloved than others. First, because many children born into families are unwelcome, and often births follow each other so closely that proper attention cannot fall to any one. People will not adopt children unless they have a longing for them. They will not adopt more than they can care for, and if they are the right sort of people they will feel that their responsibility is greater towards adopted children than it would be towards their own, for they have assumed a charge that was not directly placed upon them.

The first question that will come to your lips will be, "What do you know of the parentage?" and in reply I shall say, "What do you care of the parentage?" if only it be a Caucasian and the

child have the appearance of health. When you stop to consider the children in your patient's families many a question may confront you. "How many of the parents drink?" Many of them. I have a fairly decent practice among people above the average in intelligence and education, and many of the fathers drink in a polite way. Many of the women drink at their dinners. Most of the men smoke, and yet children born from generations of this sort of living are considered types of perfection. Wherein does the little waif suffer in comparison? Only in being a waif. Look among the children of your families. Could many of them be worse if they had been picked from the gutter?

Suppose this waif that you are considering for adoption is born of emigrant parentage. Half of the people that amount to much in this America of ours are of the second generation. My own parents were emigrants of unquestioned excellence of material. They lacked only opportunity of development. Looking among the children of those who came over from Germany at the same time with my own people I can find none who is a social or business failure. All of them have had good schooling, some are college men, but all of them are in a measure successful. So the fact that the child under consideration is not even of American parentage is trivial, if the right influences can be brought to bear upon his training. Do not think that I underestimate the influence of hereditary, the glorious gift of coming of generations of culture and refinement. But culture must have had a beginning, even for the best, and in adopting a waif one but sets the tide moving in the right direction.

Possibly the second question will be, "Is the child of legitimate parentage?" and in reply to this I shall say, "I trust not." The chances of securing a child of good blood are increased a hundred fold if it is illegitimate. The reasons are clear. The father is probably a young man of the type of most young men of today; I meet mostly men in my practice, and I know I am safe in saying that not one man in ten previous to his marriage is moral. This is not a pleasant truth, but it is truth, just the same.

If every fall from grace were attended by a birth what do you think would be the number of progeny of our young men of to-

day? Why are not the children of these boys as sterling of quality if born out of wedlock as if born in? The mothers are often country girls, and many of them that I have seen have surely not been depraved. They have been weak and unfortunate. But I know that I am safe in saying that many children are conceived out of wedlock under deep affection that is not wholly licentious. And, again, parents are not so apt to trace children of illegitimate birth.

When we stop to consider there is a sort of martyrdom attending the mother of an illegitimate child.

In these days, when abortions can be obtained for the asking, when men and women advertise in the daily papers their skill in producing them, a girl who refuses to avail herself of this means of hiding her shame exhibits a strength of character that is laudable. She may have been unfortunate, but she is not of necessity a murderer. When I think of these eleven beautiful children who have homes in my families, and consider that for the paltry sum of five dollars each their mothers could have gotten rid of them, I have only respect for the mothers. I cannot regard motherhood, even illegitimate, lightly. I sometimes wonder if there is not a Special Providence attending these unfortunate babes. Who knows? Perhaps the Mother of Jesus suffered all that these girls suffer; for there must have been the skeptical and the merciless even in those days.

It makes no difference whether we adopt these children or not, we have them to deal with just the same. We shall meet them at every turn in business life. Happy we if we have helped to make their ways easier by putting within their reach a training of education and happy home lives. As I have said before, I have placed children in many of my families. I know that these children are loved as if they were born into those families; that the foster parents are better men and women for this new responsibility that has come to them. I have never yet seen a childless couple that was happy in old age.

I remember one old woman who talked to me of an adopted son. After his adoption other children came to her, so that he was the eldest. She said to me, "He is the comfort of my life; my own

children are inclined to be thoughtless, but he never. When my husband died he assumed the responsibility of the household. My own children are now married and gone. He alone has stayed by me." Another mother, who had lost an only child by diphtheria, and had been in mourning two years, finally drooped into a serious melancholy. Without her consent or that of her husband I procured a beautiful boy and took it to them on the birthday of their own son. After the first good cry she took the child, laid off her mourning, and recently said to me, "I never think of my own little boy with regret now; I know he is all right and I could not live without this one." Another mother said, "My husband has not been away from home one evening since we took the little girl."

Think of this, Brother Practitioners, this opportunity of saving not only the child but the parents.

Suppose each of you in this association would place a child a year, and you that are childless would take as your own one child, and thus set a good example. Think of the hundreds of children that would be saved to lives of usefulness.

If my arguments have been weak it is my misfortune, for my enthusiasm is not weak.

I grant that hereditary is strong, but so are environment and training; and there are few things stronger than the Grace of God. Hath He not said, "Suffer the little ones to come unto Me?"

A Severe Case of Typhoid Fever.

BY J. D. MITCHELL, M. D., FORT WORTH, TEX.

Lucian Lindsay, 20 years of age, had recently returned from a malarial district in Louisiana and said he had been having fever for three weeks—the ambulatory type of typhoid.

I saw him on the afternoon of April 3d, and found his temperature 106°; bowels moving ten or twelve times daily; headache, frontal with pressure at root of nose; fetid odor from mouth, with thick, swollen tongue, of a whitish yellow color, and yellow-brown

coating down centre ; it was cracked, sore, bleeding and ulcerated ; mentally active, but too tired to move or answer questions, and had the nervous and sleep symptoms, stool, and, in fact, the totality of symptoms covered by Baptisia, which he received in the 30th. I did not see him again until the 5th of April, and had him taken to St. Joseph's Infirmary.

At this time the temperature was $104\ 4-5^{\circ}$; all other symptoms remained the same. Baptisia, 30th, was repeated every three hours, and prescribed diet of sweet milk and peptonoids.

I have no desire to make this a long article, and as daily records are dull and uninteresting, and shall omit the days where patient's condition remained unchanged, referring only to his bad or changing days, days that worried me, his nurses and his relatives.

After passing some blood in stool for several days, on the 10th of April the deluge came. At 6:00 A. M. he had a very severe hemorrhage, and from then until April 11th he had thirteen hemorrhages, truly an unlucky number. For these he received Nitric acid, Pulsatilla, Ipecac and China, as they were indicated by the changing symptoms, yet notwithstanding I studied Nash, Raue, Hering, Farrington, *et al.*, he still "flooded." I then used ice bags on the abdomen, suspended from a cradle, and three grain pills of Monsel salts, one half hour apart, until three were given, The terrible hemorrhage ceased ; the temperature dropped to $102\ 3-5^{\circ}$.

On April 12th the record of the nurse shows at 1 A. M. a change for worse ; cold up to knees and other symptoms, indicated the need of Carbo veg., which he received in the 200th ; three doses at half hour intervals relieved, and the next morning symptoms of collapse were absent.

April 14th, temperature going up to $104\ 2-5^{\circ}$, accompanied by deep stupor, snoring, glassy open eyes, dark red face, suppressed urine. I gave Opium 200th, repeated daily for four days, when all symptoms improved and mental condition was better than at any time during the sickness. All during this time the ice bags on abdomen and head were changed often, and I had him sponged constantly.

Improvement was gradual until April 22d, when he became

restless and maniacal, fighting, biting and scratching at nurses, with throwing off of the bed clothes. Although I was discouraged about the addition of this new meningeal complication I watched him carefully and gave Hyoscyamus, which required a repetition for seven days for this troublesome and alarming condition. He gradually improved, and on May 3d became more conscious, and requested the urinal and bed pan. Previous to the above date he had involuntary passage of feces and urine with the exception of the previous reference to suppression of urine, that required Opium. For several days after Hyoscyamus had finished its work he received placebo, after which I thought his fever should cease, as all other symptoms were better. He received Nux vomica for three days but got no results. I then took Nash into the case, and we decided on Psorinum 1 m., a dose each morning for three days, placebo for three days, and then Nux vomica, one dose, which acted beautifully, as the fever soon left him and he began to build up from the 13th of May, this number not being unlucky this time.

I may be criticised for the use of such a crude drug for the hemorrhagic condition, but the end justified the means. I used it for purely mechanical effect, and I had not found and could not find the similimum, which some better prescriber might have done, then the case would not have needed the Ferrum.

The severe part of this case was the frequent and profuse hemorrhages and the continued high temperature, the horribly ulcerated, bleeding, cracked tongue, mouth and throat, which were in the worst condition I have ever seen, the discharge and offensiveness being as bad as a very malignant condition of the same organ in a case that recently died in my charge. The great degree of hemorrhage necessitated keeping the patient on his back, and notwithstanding the utmost care and attention he had a very ugly bed sore, both as to size and depth, which weakened him and retarded him in convalescing. His delirium came on at night and came like the rush of a wind, and when the attack had spent its force he was quiet until the following night. Hyoscyamus saved his life by limiting the brain complication. Psorinum did its work by clearing up the case and opening the way for

Nux vomica. Dr. Nash's work on Typhoid was invaluable, and I almost "sat up" with this little book.

This man left the infirmary on the 5th of June, just two months. A 'phone message from his home in Dallas, Texas, reports that he grows stronger each day.

A case like this, while it worries a physician, calling out and demanding his best efforts, yet when it recovers he is flattered by the expressions of nurses and other doctors on his success in the fight, and he is then glad that he belongs to that profession whose watchword and text is *SIMILIA*.

[COMMENT.—Dr. Lippe would have called this a "zig-zagged recovery," not a cure. Yet we are thankful to Dr. Mitchell for the details, an honest report by an honest man. But had he "called in Nash" some weeks earlier, or studied "Therapeutics of Fevers," introduction, page 33, he would have found *Psorinum* called for after *Baptisia*. This would have cut short the fever, prevented the hemorrhage with its subsequent ice bags, iron pills and polypharmacy, while it would have saved the patient both time and money and the doctor much worry and no little mortification. Cases like this are helpful, for they show where we may improve the treatment of similar cases in the future. Our best friends are those who point out our errors.—Ed.]

Some Reasons for Opposing Vaccination.

BY J. W. HODGE, M. D., NIAGARA FALLS, N. Y.

In opposing vaccination I am aware that it is a thankless task to brave the abuse and antagonism which every one who attempts to move forward in the work of medical progress is sure to encounter.

In order that I may not be regarded as prejudiced against the dogma of vaccination I will preface my remarks with the confession that I was at one time myself a confiding dupe of the "tradition of the dairy maids." While attending medical college I was told that inoculation with cow-pox virus was a certain preventive

of small-pox, and like most other medical students I accepted with child-like faith and credulity the dictum of my teachers as so much infallible wisdom. After an experience derived from treating a number of cases of post-vaccinal small-pox in patients who gave evidence of having been recently and successfully vaccinated, I awoke to a realization of the unpleasant fact that "protective vaccination" was not all that was claimed for it. I thereupon began a study of the vaccination problem in all its bearings. After several years of reading, observation and experience I became fully convinced that "successful" vaccination not only fails to protect its subjects from small-pox, but that, in reality, it renders them more susceptible to this disease by impairing their health and vitality, and by diminishing their power of resistance.

Personally, I have known of recently vaccinated patients dying from small-pox while having the plainest foveated vaccine marks upon their bodies; and I have seen other individuals who had never submitted to vaccine inoculation have variola in its mildest and most benign type.

In view of such experience, I refused to ignore the evidence of my own senses, and determined to follow the dictates of reason instead of the dogmas of faith, and have consequently for the past fifteen years refused to pollute the blood of a single person with vaccine virus.

Hundreds of times during these years I have been asked, both by physicians and by laymen: "Why do you oppose vaccination?" To answer this question is the purport of this essay.

HEALTH ALWAYS PREFERABLE TO DISEASE.

I oppose vaccination because I believe that health is always preferable to disease.

The principle and practice of vaccination involves the introduction of the contagion of disease at least twice, and, according to numerous authorities, many times into the human organism.

The disease conveyed by vaccination causes an undeniable impairment of health and vitality, it being a distinctly morbid process.

So-called "successful" vaccination is, therefore, nothing less than the intentional implantation into the presumably healthy

human organism of the virulent products of diseased animal tissue with the purified result of inducing actual disease in the vaccinated.

The morbid matter, miscalled vaccine "lymph," is taken from a lesion on the body of a diseased beast, and inserted by the vaccinator into the circulation of healthy children. The performance of such an insanitary operation, in the very nature of the case, is a violation of the cardinal principles of hygiene and of sanitary science as at present taught and understood. Moreover, this operation is in direct controversion of the basic precepts of aseptic surgery, the legitimate aim of which is to remove from the organism the products of disease, but never to introduce them.

The prime aim of the modern surgeon is to make every wound aseptic and keep it so. The careful operator employs every means at his command to clear the field of operation of all bacteria. He utilizes every particle of the marvelously minute and intricate technique of asepsis to prevent the entrance through the wounded tissues of any disease elements before, during or after an operation.

He fears sepsis equally with death, and yet, under the blighting and blinding influence of an ancient and venerated myth, inherited from his ignorant and superstitious forebears of a pre-scientific age, he will deliberately inoculate the virulent infective products of diseased animal tissues into the circulation of a healthy person. And as if to cap the climax of his stupidity and inconsistency he performs the operation under "aseptic precautions."

The poisonous matter which nature wisely eliminates from the body of a diseased calf in an effort to save its life and restore it to health is seized upon by the vaccinator and implanted into the body of a helpless child. Think of the unparalleled absurdity of purposely infecting the body of a healthy person in this era of sanitary science with the poison from a diseased beast, under the senseless pretext of protecting the victim of the ingrafted disease from the contagion of another disease! Can inconsistency go farther?

I oppose the practice of vaccination because it is not known what vaccine virus is, except that it is a mixed contagion of disease. We hear much these days about "pure" virus and "pure

calf-lymph." Nothing could be more absurd and meaningless than the flippant talk indulged in by vaccinators and the purveyors of vaccine virus about "pure calf-lymph," a hybrid product of diseased animal tissues. "Pure virus," translated into plain English, is "pure animal poison." The phrase "pure calf-lymph" as applied to any brand of vaccine virus now in use is a misnomer, for two reasons. It is not "pure," and it is not "calf-lymph." Calf-lymph is the normal nutrient fluid which circulates in the lymphatic vessels of the calf. Lymph is described by physiologists as "a transparent, colorless, nutrient, alkaline fluid which circulates in the lymphatic vessels and thoracic ducts of animal bodies." Lymph is a physiological product, while the so-called "pure calf-lymph" used by vaccinators is a pathological product derived from a lesion on a diseased calf. The difference between calf-lymph and so-called "pure calf-lymph" is as great as is the difference between a food and a poison. The vaccine mixture now most generally used by the medical profession is known under the name of "glycerinized vaccine lymph," but it is not lymph at all. It is made by utilizing practically the entire lesion or pock on the heifer when it is in the vesicular stage. Such a lesion is broken open and scraped with a Volkmann spoon until the whole of the tissue is forcibly and roughly curetted away, consisting of pus, morbid serum, epithelium, fibrous tissue of the skin and any foreign matter on or in it, constituting what is called "pulp." This pulp is then passed between glass rollers for trituration and afterwards mixed with a definite amount of glycerine and distilled water. This complex pathologic product of unknown origin is injected into the wholesome bodies of helpless children under the false but plausible name of "pure calf-lymph."

No "lymph" whether human or animal, or adulterated with other substances, can be guaranteed either as pure or free from danger. Prof. Edgar M. Crookshank, author of the "History and Pathology of Vaccination," and professor of bacteriology in King's College, London, says: "I must state most emphatically that we do not know the nature of the contagium of cow-pox, or of human small-pox, or of any of the diseases from which so-called vaccine lymph has been cultivated. Lymph for vacci-

nation has been over and over again obtained by inoculating calves with human small-pox. On the other hand, lymph producing the familiar appearances of vaccination has been obtained by attenuation of small-pox, without resorting to the calf as a medium of cultivation; and similarly, lymph for the purpose of vaccination has been raised from horse-pox, sheep-pox, and cattle-plague." Here we have the testimony of one of the world's most eminent authorities on the history and pathology of vaccination, to the effect that the nature and origin of vaccine "lymph" are so vague and uncertain that it is impossible for the vaccinator to know anything of the specific character of his stock of virus, or to predict the extent of injury that may result from his practice.

I oppose the practice of vaccination because, under whatever pretext performed, the implantation of disease elements into the healthy human organism is irrational and injurious. It is subversive of the fundamental principles of sanitary science, while the attainment of health as a prophylactic measure is rational and in harmony with the ascertained laws of hygiene and consistent with the canons of common sense. I am firmly convinced that the absurd and unreasonable dogma which assumes to conserve health by propagating disease should receive the open condemnation of every scientific sanitarian. That this health-blighting delusion conceived in the ignorance of a past generation should find lodgment in the minds of intelligent people enjoying the light of the world's highest civilization is to my mind inexplicable.

The vaccinal operation is at the present time regarded by sanitarians as an irrational and silly attempt to cheat outraged nature. The vaccinator endeavors to avoid a filth-disease without removing its contributing causes. The conditions known to especially favor the existence and spread of small-pox are unhygienic habits of life, the presence of decaying organic matter, contaminated air, polluted water supply, unsanitary dwellings, dirty streets, overcrowding of cities and other unwholesome surroundings. Salvation from small-pox and other filth-diseases can be realized only by giving practical attention to the contributing cause of their origin and spread.

Sanitation and isolation of the infected offer the only rational and effective antidote for these disorders.

Away, then, with the abominable and filthy milk maid's subterfuge! Give us health instead of disease. Health is the great prophylactic. No man in perfect health can be truly said to be ease. Vigorous health confers immunity from disease-producing agents as nothing else can. It is usually after the vital functions have become impaired by the effects of vaccination or some other injurious cause that individuals become susceptible to small-pox infection.

Professor Alfred Russel Wallace, LL. D., F. R. S., the eminent scientist and statistician of London, has recently proved by the most trustworthy statistics that the effect of vaccine virus when inoculated into its subjects has been to render them more susceptible to small-pox than, but for it, they would otherwise have been. In his latest scientific work entitled "The Wonderful Century," Professor Wallace has demonstrated, by many crucial tests, that in various epidemics, small-pox cases became more numerous in proportion as vaccination became general, and decreased with its neglect. He shows by the statistics of England, Ireland, Scotland and Wales that the best vaccinated towns in those countries have invariably suffered from small-pox. He proves by the statistics of Leicester that all that is needed to confine small-pox to very narrow limits is sanitary regulations. In conclusion I would advise every physician who even pretends to keep abreast of the times to read in its entirety Professor Wallace's masterly article on small-pox and vaccination in "The Wonderful Century."

Central New York Homeopathic Society.

ROCHESTER MEETING.

BY S. GUILD-LEGGETT, M. D., SECRETARY.

After an informal talk and luncheon the president, Dr. Grant, called the meeting to order at 2 P. M. Members present, Drs. Alliaume, Grant, Hoard, Howland, Johnson, Leggett.

Visitor, Miss Norton. The minutes were read and approved.

Dr. Alliaume, referring to Dr. Gwynn's statement as reported in the minutes, said that he had personal knowledge that Kingsley recognized a constitutional cause in cases of cancer and that although Kingsley used the plaster to remove the growth he also used remedies homeopathically selected in conjunction with the plaster. In fact, that before Dr. Kingsley took up the specialty he was a very good homeopathic prescriber.

Dr. Grant called attention to Dr. Allen's assertion that "the cause of cancer in each case of twenty-five years of experience was mental shock," and asked if it were not possible that Dr. Allen, constantly looking for mental shock as the predisposing cause of cancer, found it much as specialists find the cause of any sickness in their own specialty. He said that this view of the cause was so new to him that it was quite natural for him to doubt.

Dr. Howland was disappointed in the action of Opium in a case of mental shock which had continued to haunt the patient. She could not forget that she saw a man fall from a high building, and has been sick ever since.

Dr. Grant admired Dr. Howland's over enthusiasm, if he might call it so, for Homeopathy, but he saw no limit to what she expected of the selected remedy in its ability to wipe out a disease. He said that after admitting that Opium had helped the case at first she was disgusted that the good action had not continued until the whole condition was cured. He reminded her that in many cases remedies needed repetition, and should not be laid to one side until faithfully exhibited.

CASES FOR COUNSEL.

Other essays not being ready, Dr. Alliaume reported two cases for which he desired counsel:

Case I was a man of 70 years, whose tongue he could not cure. The offending member frequently presented an appearance of redness so marked that it looked like little red candies. It burned, smarted, tingled, and if by chance he relieved it the symptoms and condition came again. The man snored terrifically, and Dr. Alliaume was inclined to think that the snoring was the cause of the

irritation, *i. e.*, that it was traumatic. Dr. Terry had cut off a portion of the uvula, which was also enlarged and irritated, and effected relief for a time. The patient was a subject of gout, which Dr. Alliaume had relieved, and of pyrosis, which had been cured. He was then on Fluoric acid.

Question: Is the trouble traumatic?

Case II was primarily a case of gonorrhea, lasting eleven months, which had been treated locally until strictures had formed, followed by gleet. Dr. Alliaume had used sounds with only temporary relief. In July the patient contracted the disease anew. Dr. Alliaume at one time would find that the remedy prescribed would improve the condition. The discharge would be almost stopped, all things would be going well, when an emission or two would bring about the discharge in full force. He had now put the patient on *Argentum nitricum*, because of the sluggishness and green color of discharge.

Dr. Johnson recommended the galvanic current, low, positive pole, as the most satisfactory treatment for strictures.

Dr. Alliaume was requested to read *Organon*, Section VIII. He believed it impossible to remove all expressions of disease without a cure.

Dr. Johnson, at first inclined to disagree with the point made in this section, finally saw that he had confused the terms "miasms" and "disease."

Dr. Howland presented a paper on:

WHY HOMEOPATHY CURES AND WHY OTHER TREATMENT DOES NOT CURE.

How to get away from crude drugs and still get well of the many ills that beset the human race is the question now agitating the minds of the masses, whose thoughts are always in advance of their leaders. But the expression of those thoughts depends upon the leaders, and so we have today the Christian scientist, the faith curist, the osteopath, the hydropathist, the physical cultist, the mesmerist, the starvationist and the pure homeopath, whose medicine is so highly attenuated that the chemist cannot find it nor the mathematician work it out.

All methods which abolish crude drugs tend to benefit the human race. All are seeking after health. What is health? Absence of disease. What is disease? Disordered vital force. What is cure? Absence of symptoms. The human race is affected with three miasms: Psora, Syphilis and Sycosis, and added to these in many cases is a drug miasm.

We all inherit psora. The other two miasms are usually taken on but they also may be inherited.

Psora is the oldest chronic miasm. The oldest history of the oldest nation does not reach its origin, it being a spiritual sickness arising from the adulteration of man's willing and thinking.

It embraces epilepsy, insanity, the malignant diseases, tumors, ulcerations, consumption, the catarrhs, the majority of the eruptions, etc. These are the external manifestations of the internal disorder, and cannot be eradicated by external means. Anything which tends to remove the external disorder by external means drives the disease to the internal organs. The driving back of these external disorders tends to produce the chronic diseases.

The treatment of pneumonia by crude drugs, if the patient is not strong enough to overcome it, will leave an infiltration in the lungs and the patient will go into consumption. The suppression of rheumatism by crude drugs will drive it to the heart and the patient will die of organic disease. In one case of suppressed rheumatism in my practice by sulphur baths it went to the lungs and the antidote to Sulphur cured the patient. Another case of suppressed rheumatism went to the brain and the patient is violently insane. Cancer of the breast was surgically removed three times from a patient and two years later she died of heart and lung trouble.

Elbert Hubbard says: "God's remedies, fresh air, moderate exercise, plain food, regular sleep, and kind thoughts will heal you of your diseases." These are God's external remedies and good so far as they go, but they cannot reach the vital force. God's internal remedies must do that. And what are they? I answer, pure Homeopathy as Hahnemann taught it. Proof: Hahnemann in his early practice used crude drugs; he began to observe and think. He threw them all away and said: "The Lord never

intended that these little things (meaning his own children) should suffer by this vile stuff." Then he asked the Creator to show him a better way, and this was the way shown to him. What stronger proof do we need except a practical illustration of its work, which we prove every day. People have symptoms to tell that they are sick. I have watched for the symptom-image, and when it came forth have fitted the remedy and cured the case.

Why does pure Homeopathy cure? Because, as I have said, disease is disordered vital force behind and beyond the tissues to the invisible part of the human being. All must recognize that there is something to cause the disordered vital force or dynamis. The medicine is highly dynamized to reach that dynamic flame, or vital force, beyond anything that the five senses can appreciate. Most of us recognize a living, invisible part of man independent of the body; so there is an invisible part of medicine independent of milk sugar.

How does Homeopathy act? No man knows or ever will know. Why? The part that acts is beyond the appreciation of the senses. There are things in this life that we are allowed to see so far and no farther, and this is one of them.

If the root of a tree is diseased its branches will die, and finally the whole tree will pass into decay; so with the human tree, if the vital force is disordered this will in time reach the tissues, which begin to decay, and when this is unarrested and reaches a vital organ there is soon a separation between the tissues and the vital force, and man dies as does the tree.

If pure Homeopathy is not established upon the earth the race will soon run out; for as generation to generation goes on there is a greater susceptibility to disease, and each generation grows weaker. (Question.—Ed.)

The Christian scientist says: "Worry produces cancer." This cannot be true, as the majority of people worry but the majority do not have cancer. The French say: "Misery produces consumption." The predisposing influence to consumption is in the patient, and a miserable existence may be the exciting cause. The Christian scientist says: "Fear causes consumption." Fear increases the susceptibility to any disease, but the susceptibility was in the individual before fear arose.

A learned (?) doctor says: "Disease is in the veins," and writes a whole book upon the subject. Blood is a tissue, and the diseased tissue is a result and not a cause.

The osteopath says: "The tissues are out of harmony," and this is the cause of disease. and proceeds by his manipulations to put them in harmony and thus remove disease. By his manipulations he improves the circulation, carries the blood to the tissues, and to a certain extent helps to restore them; but he cannot cure, because disease is disordered vital force and cannot be reached through the tissues.

The specialist says: "Disease is local," and proceeds to remove it by cauterization, douches, etc. If he succeeds it will crop out somewhere else, for he has been treating results and not the cause.

The starvationist says: "The patient is gluttoned, the system needs rest from food." So food is withheld for a number of days, then gradually resumed. This also aids, but does not cure.

Dr. Leggett took exception to the assertion that crude drugs never cured. She said that they do cure, through their dynamic effect, which homeopaths develop by potentization. The crude does not cure because of its quantity, but because of a certain amount of activity, sufficient for a case to which it is homeopathically fitted. She cited a bad case of catarrh of the gall-ducts cured with *Carduus mar.* when all the friends of the patient "knew he would die."

Dr. Grant took the same view, and said scores of cases were cured by crude drugs, and scores of drugs are homeopathic to some forms of certain diseases. He certainly believed that it was almost impossible to eradicate the miasm that produced the disease manifestations, but that it could be restored to its latency, in most instances. He recalled a prescription of Sulphur high to a patient in whom he cured a case of chancroid ten years previously. The prescription was followed by successive crops, in twos, of vesicles upon the glans, which lasted some little time. What had happened? The patient had been well, married, and in the ten years had not needed to call upon his physician.

Other essayists being absent the Society adjourned to meet at Syracuse.

Essayists appointed by the President:

Organon, Section VIII., Dr. E. P. Hussey.

Human Wrecks We Meet in Practice, Dr. T. D. Stow.

Cases, Dr. J. K. Tretton.

A paper, Dr. G. M. Thompson.

A paper, Dr. W. H. Nickelson.

The Kansas State Society.

BY WM. MACLAY LYON, M. D., TOPEKA, KANSAS.

The thirty-fifth annual meeting of the Homeopathic Medical Society of Kansas was held at Topeka, May 20-22, Chas. Lowry, M. D., Secretary of the State Board of Health, presiding.

The election of officers for the ensuing year was as follows:

President, J. W. Tiffany, M. D., Hiawatha, Kans.

Vice-President, Clay E. Coburn, M. D., Kansas City, Kans.

Secretary, Wm. Maclay Lyon, M. D., Topeka, Kans.

Treasurer, Miriam A. Swift, M. D., Topeka, Kans.

The new President appointed the standing committees as follows:

Legislation and Public Institutions—Drs. Chas. Lowry, Wm. Maclay Lyon, H. W. Roby, D. P. Cook.

Sociality and Fraternity—Drs. H. W. Roby, Wm. Maclay Lyon, Chas. Lowry.

The bureau of Materia Medica, under the chairmanship of Dr. Ernest P. Mills, of Olathe, was especially interesting and instructive. A symposium on the five inorganic acids, Arsenic, Muriatic, Nitric, Phosphoric and Sulphuric, was handled in a masterful way by the following with their respective subjects:

"The Mental Symptoms," W. A. Yingling, M. D., Emporia, Kans.

"The Abdominal Symptoms," Wm. Maclay Lyon, M. D., Topeka, Kans.

"The Thoracic Symptoms," T. J. Clark, M. D., Castleton, Kans.

"The Genito-Urinary Symptoms," W. H. Lemon, M. D., Olathe, Kans.

"The Skin Symptoms," Chas. Ott, M. D., Kansas City, Kans.

Drs. Mills and F. E. Stokes read excellent papers dealing with homeopathic philosophy.

On the evening of May 21st a banquet was held which was attended by the homeopathic and eclectic societies.

Kansas is the only State where the three schools of medicine meet in joint session. Next year the three will unite in a banquet. This year the old school met at Concordia, Kans. The joint banquet was a success. Henry W. Roby, M. D., Secretary of the State Board of Medical Legislation and Examination, was toast-master.

The society meetings were well attended, and many new members were admitted. Next year's meeting is expected to be a record breaker in attendance.

Information Wanted on Internal Vaccination.

BY T. V. BRYANT, M. D., HAMMON, OKLAHOMA.

In the April number of the MEDICAL ADVANCE I notice article by Dr. Bresee, "Modern Vaccination by Homeopathic Methods." I as an allopathic physician have no experience with that method. If the effect of said method is as good as "our way" I would much prefer it, so I am going to ask every homeopathic physician who reads this to write me a card or letter verifying Dr. Bresee's article. I am searching after truth from any source, read the ADVANCE, have Dr. Allen's "Keynotes," but can't do much with it yet. [Read the article by Dr. Hodge in this issue, page 342, and see if "our way" is not sadly in need of improvement. Then read the experiments of Dr. Dienst on page 326 and draw the logical conclusions. We are all searching after a better and more successful preventive medicine, which will be found in similia and dynamic medicine.—ED.]

The Medical Advance

AND

Journal of Homeopathics.

A Monthly Journal of Hahnemannian Homoeopathy

When we have to do with an art whose end is the saving of human life any neglect to make ourselves thoroughly masters of it becomes a crime.—
HAHNEMANN.

Subscription - - - - Two Dollars Per Annum

Contributions, Exchanges, Books for Review and all Communications should be addressed to the Editor, 5142 Washington Avenue, Chicago, who is responsible for the dignity and courtesy of the magazine but not for the opinions of contributors. Communications regarding Subscriptions and Advertisements should be sent to Lancaster, Pa., or 5142 Washington Ave., Chicago.

JULY 1903.

Journalistic Consolidation.

It is with satisfaction that the announcement is made that the MEDICAL ADVANCE and the *Journal of Homeopathics* have been merged into one publication, THE MEDICAL ADVANCE, and that hereafter this journal will be able to give to its readers whatever of merit it previously possessed plus the good things which have been carried to the profession heretofore in the contributions of Drs. Kent and Farrington and others who have been more or less intimately identified and associated with the journal of which Dr. Farrington has been editor.

The aims and work of the ADVANCE and the *Journal of Homeopathics* have been identical in purpose and effect, the advancement of the Homeopathy of Hahnemann and the developing of true Homeopathy into a science which shall eventually meet with universal adoption in medicine. Their consolidation will bring to the ADVANCE the united action of the ablest teachers of pure Homeopathy in the United States, and will easily make this magazine the foremost exponent of Homeopathy in the world. There has hardly been a genuine need for two periodicals operating so

nearly in the same field, hence we are sure the consolidation will meet with the cordial approval of those who have been friends and patrons of both the *ADVANCE* and *Journal*, and we are equally sure that by combining the writings and teachings of men and women who have sustained both periodicals in the past it will be easily possible to give to them a more useful and acceptable magazine than either the *ADVANCE* or the *Journal* could have been alone.

The *MEDICAL ADVANCE* has always stood for a principle. It has not been issued as a money making proposition, not as an exploiter of proprietary medicines, questionable devices, and the general pharmaceutical and quasi-professional debauchery so characteristic of the present day. It has been issued solely as an exponent of the Homeopathy which Hahnemann and his confreres left us, a priceless legacy for the relief of suffering and the cure of the sick. Its pages have been employed to convey to the practitioner of Hahnemannian Homeopathy that pabulum with which its editor has been provided by his subscribers, and to carry the good news of a better practice than the majority of the profession have chosen thus far to adopt. Its shortcomings have been numerous, but its spirit has been of the loyal and patriotic sort.

The new *ADVANCE* will hereafter consist of sixty-four pages of reading matter monthly. It is to be printed in its present most excellent style, and such improvements and enlargements as its patronage will justify will be made. Help us, every reader to whom the *ADVANCE* goes, to give to the homeopathic profession in the United States at least one clean, consistent, faithful exponent of the kind of Homeopathy which Hahnemann taught and practiced. The very fact that we stand for a pure and undefiled science closes the doors of almost every advertising agency against us, and to subscribers we must largely look for financial support. Due regard for special personal conditions will never allow the name of any deserving subscriber to be cut off, but, on the other hand, it is necessary that reasonable business promptness shall characterize the relations which shall exist between subscribers and publishers. We intend giving our friends an unusually helpful and agreeable medical magazine, but we need their

assistance in practical contributions for our pages, and the printer and publishers need cash every month. The new MEDICAL ADVANCE shall be exactly what the profession enables its editor to make it.

The International Hahnemannian Association.

This body had a memorable meeting at Boston, June 18, 19, 20 and 22. Owing to circumstances beyond their control not a single chairman of a bureau was present, yet in spite of this such was the enthusiasm that the meeting was a real success. The aims and objects of the Association and the interests of pure Homœopathy were ably presented in the address of President Nash. While there was not a plethora of papers their quality and practical value were such that the discussions were both interesting and profitable to all present. The paper of Dr. Stuart Close, of Brooklyn, on "Drug Diseases and Compulsory Medicine" was so meritorious that it was voted to have it published, over three thousand copies being ordered by members present for general distribution.

But the greatest work accomplished was the union of the Associations. Following the adoption of resolutions offered by Dr. Close representatives of the Society of Homeopaths attended the meeting, were cordially greeted by President Nash responded in a similar spirit of fraternal good will, and were unanimously re-elected in a body, including such old war horses as Biegler, Carleton, Kimball, Thurston, Kennedy, Adams, Patch and many other well known and able Hahnemannians. This alone will cause the Boston meeting to be long remembered as a banner session. Rochester was selected for next place of meeting, and the following officers were elected:

President, Dr. C. W. Boger; Vice-President, Dr. E. P. Hussey; Secretary, Dr. J. B. S. King; Treasurer, Dr. J. E. Krichbaum; Necrologist, Dr. C. E. Alliaume; Board of Censors, Drs. Baylies, Hastings, Close and Boger.

Dr. G. P. Waring was elected a member of the Publication Committee.

Drs. J. A. Biegler and Walter E. James were elected honorable seniors.

The following announcements of chairmen for next year were made by the President:

Homœopathic Philosophy, Dr. Stuart Close.

Materia Medica, Dr. Erastus E. Case.

Clinical Medicine, Dr. L. M. Stanton.

Surgery, Dr. Guernsey P. Waring.

Obstetrics, Dr. Julia M. Plummer.

Adjectival Homeopathy.

An important contest is on in Minnesota between the Board of Regents of the State University and the Minnesota Institute of Homeopathy, the former proposing to discontinue the homeopathic College of the University, the latter protesting and urging a modification of the defeating initial restrictions which the regents have placed upon medical matriculates, the requirements having been carried to such an extreme degree that a single freshman represents that class for the ensuing year.

The trouble in Minnesota seems to be the same which is being experienced in many of our colleges. The right kind of Homeopathy is not being taught. Students who are able to examine the curricula of today see but little difference between not only the general courses but also the therapeutics of the old and the new schools, many who might go to homeopathic colleges drifting into institutions offering rather better general advantages instead of going to homeopathic colleges lacking in special homeopathic attractions.

To too many in the profession "Homeopathy" has come to be but a relative term instead of a true scientific proposition. "*Similia similibus curantur*" has been made to mean almost any kind of therapy. Thousands of physicians belonging to homeopathic societies, and training with the homeopathic profession, many of them consistent in it, too, are not homeopaths at all. They are unacquainted with the Organon, have never read, much less studied, Hahnemann's Chronic Diseases, know absolutely nothing of the art of "taking the case," do not understand the first principles of how to go about trying to find the true similimum in a hidden

difficulty, and are otherwise as far from being intelligent followers of Hahnemann as it is possible for them to be. Yet they are classed as homeopaths, believe themselves homeopaths, and resent criticism of their methods as an attempt to read them out of the party. Nevertheless, they are stumbling blocks in the path of true Homeopathy, and cannot too quickly, for themselves and their profession, get in line and read, study, ponder and inquire into and about the genuine science they are presumed to follow and represent.

Homeopathy as mostly practiced today may be said to be an adjectival art. There are the real homeopaths who study Hahnemann and try to understand and practice that which he evolved out of the chaos of therapeutics in his day, and there are the mixed homeopaths who have but a smattering of knowledge of their science and art, but who are in the majority and who misrepresent Hahnemann in almost every act of their medical lives. These latter have been styled mongrels, a word which is offensive to them, and have chosen to call themselves liberals. In this relation "liberal" means "license," license to prostitute Homeopathy to carelessness, inefficiency, lack of success, and general confusion in therapeutics. Pure Homeopathy, that which Hahnemann taught and exemplified, and which made him so successful in building our foundations, may correctly be called careful Homeopathy, straight Homeopathy, real Homeopathy, honest Homeopathy, scientific Homeopathy, consistent Homeopathy; whereas, the mixed article is but Homeopathy confused, Homeopathy prostituted, Homeopathy but half successful, Homeopathy that is not Homeopathy at all.

Hahnemann's Homeopathy meant something specific, clear, undefiled, accurate. He succeeded because he took pains to select the right remedy in every case that went to him for treatment. Carefulness, precision, thoughtful search for the similimum, genuine interest in his work, characterized his whole professional life. He had but one kind of Homeopathy, in no sense an adjectival or relative product. His prescriptions were all based upon the selection of the similimum, the giving of that remedy which most nearly covered the totality of the patient's case, and he succeeded

better than any therapist the world has ever known. So, likewise, do those succeed who follow him carefully. A Hahnemannian homeopath is rarely if ever known to have to go to the careless homeopath for assistance in adapting the remedy to a case; whereas, and well it is that it is so, the true Hahnemannian practitioner is continually called upon to help his more "liberal" colleague over the hard places of daily practice.

As with the individual so with the colleges. Homeopathy means something distinctive, positive, radical, emphatic. That college will succeed best in the long run which stands for that which Hahnemann taught. Of mixed, careless, mongrel, half homeopathic colleges there are plenty. Of special, distinct, out-spokenly Hahnemannian colleges there are not many. If the Minnesota profession would have their State institution filled with honest inquirers after homeopathic truth let it give them the real article and its halls will fill up quickly and their college will not be a failure. Adjectival Homeopathy is a delusion. Hahnemann's Homeopathy is a science and a success. Preach it, teach it and practice it as it should be preached, taught and practiced and it will then stand for something which the people of Minnesota need.

AMERICAN INSTITUTE CHAIRMEN AND COMMITTEEMEN FOR 1904.

What was the largest and most successful convention of the American Institute of Homeopathy ever held convened in Boston last month. There was an attendance of 57 seniors, 516 members and about 700 visitors, making a total attendance of about 1,300.

Resolutions were adopted thanking the Boston physicians for their hospitality and for the courtesies extended during the week. President Cobb made announcement of his appointments for the ensuing year as follows:

CHAIRMEN OF BUREAUS.

Materia Medica and General Therapeutics—H. P. Bellows, Boston.

Clinical Medicine and Pathology—H. V. Halbert, Chicago.

Homeopathy—E. B. Nash, Courtland, N. Y.

Sanitary Science and Public Health—R. Milton Richards, Detroit, Mich.

Pedology—A. P. Hanchett, Council Bluffs, Ia.

COMMITTEES.

Organization, Registration and Statistics—T. Franklin Smith, Chairman, New York; H. E. Spalding, Boston; H. R. Stout, Jacksonville, Fla.; D. A. Strickler, Denver, Col.; Charles E. Kahlke, Chicago.

Transportation—William O. Forbes, Chairman, Hot Springs, Ark.; J. B. Garrison, New York; J. Herbert Moore, Boston; Fred. W. Wood, Chicago.

Publication—George Royal, Chairman, Des Moines, Ia.; O. S. Runnels, Indianapolis; George B. Rice, Boston.

Press—DeWitt Wilcox, Chairman, Buffalo, N. Y.; Frank C. Richardson, Boston; T. Gayle Aitken, New Orleans; James W. Ward, San Francisco; Lucy Shepard Hanna, Savannah, Ga.

Resolutions and Business—B. F. Bailey, Chairman, Lincoln, Neb.; Edward Beecher Hooker, Hartford, Conn.; E. H. Porter, New York; T. Y. Kinne, Paterson, N. J.; C. Gurnee Fellows, Chicago.

International Bureau of Homeopathy—George B. Peck, Chairman, Providence, R. I.; Walter Wesselhœft, Cambridge; D. C. Noble, Middlebury, Vt.; T. L. Bradford, Philadelphia; W. A. Humphrey, Toledo, O.

Medical Examining Boards and Medical Legislation—Augustus Korndorfer, Chairman, Philadelphia; J. M. Lee, Rochester, N. Y.; W. E. Reilly, Fulton, Mo.; W. S. Briggs, St. Paul, Minn.; W. E. Green, Little Rock, Ark.; S. H. Calderwood, Boston; J. H. Cowell, Saginaw, Mich.

Memorial Services—W. B. Hinsdale, Ann Arbor, Mich.; J. B. Gregg Custis, Washington, D. C.; Samuel H. Worcester, Portland, Me.

Drug Proving—Eldridge C. Price, Baltimore, Md.

Homeopathic Pharmacopeia—Charles Mohr, Chairman, Philadelphia; J. W. Clapp, Boston; Lewis Sherman, Milwaukee, Wis.; T. H. Carmichael, Philadelphia; Felix A. Boericke, Philadelphia.

Special Committee on Life Insurance Examination—A. W. Bailey, Chairman, Atlantic City, N. J.; J. H. Ball, Bay City, Mich.; Frank E. Allard, Boston; C. F. Stough, Colorado Springs.

Necrologist—C. B. Gilbert, Washington, D. C.

Dr. J. P. Sutherland, of Boston, was elected president for next year, and Niagara Falls was chosen for the place of meeting.

News Notes and Items.

Dr. Luella Z. Rummel has removed from 2405½ East 9th street to 904 Olive street, Kansas City, Mo.

Dr. Emil Kober, of New York City, has removed from East 6th street to 232 East 86th street.

Dr. D. A. Foote, Omaha, is the new president of the Chicago Homeopathic Alumni Association.

Dr. Oscar Le Seure, Detroit, has been appointed a member of the Michigan State Board of Registration.

Dr. Clinton Enos, late of Brighton, Colorado, is at Boulder, in partnership with his brother, Dr. J. W. Enos.

Dr. Knight, editor of the *Medical Counsellor*, Detroit, had the misfortune to lose his sister recently in Boston. Sympathy is extended.

Dr. W. B. Carpenter, a homeopathic physician in more than the name, was chosen president of the Ohio State Society at the Columbus meeting in May.

A cheerful letter comes with remittance from Toledo, Washington. We are always glad to know that our friends enjoy the *ADVANCE*, and we thank them for their good wishes.

Dr. F. B. Adams, of Plymouth, Michigan, is desirous of knowing a good homeopathic practitioner. A good opportunity awaits the right man. Communicate with Dr. Adams direct.

The Michigan State Homeopathic Society appropriated the sum of one hundred dollars at its last meeting toward the emasculation, otherwise styled the reproving of our materia medica.

A homeopathic physician who desires a favorable location, with a business already established to which he may succeed, will be able to obtain data by addressing Dr. H. L. Prouty, West Unity, Ohio.

Drs. Lindner and Grant returned last month from a three months' tour in the Old World, doing Italy, Switzerland, France and England while gone. Dr. Lindner is at present on a visit in Minnesota.

For Sale.—Lippe's Repertory, cloth, \$3.00; Kent's Repertory, bound in two volumes, \$15.00; Vols. 1-4, *Journal of Homeopathics*, half leather, \$6.00. Apply to J. L. Willis, Traders Bank, Port Hope, Ontario, Canada.

The Boston meeting of the American Institute of Homeopathy was the largest in its history. There was an attendance of 57 seniors, 516 members and about 700 visitors—in all about 1,300 present. One hundred and sixty-two members were admitted.

Canada is in need of a few more good and true homeopaths, men and women who will sustain the banner in the true spirit. So is the United States, for that matter. The Homeopathy of Hahnemann is the coming and the staying medical treatment for the people.

Dr. J. D. Mitchell, Fort Worth, Texas, reports Bowie, that State, to be an excellent location. It has been vacated by the death of Dr. Givens. The mayor of the town, Mr. Bodeker, also an influential banker, will assist the right homeopathic physician, one of the Hahnemannian sort, all he can by his influence and recommendation. For further particulars address Dr. Mitchell, or Mr. W. H. Bodeker, First National Bank, Bowie, Texas.

Dr. C. N. Sommer has removed from Iowa City to 4035 Nicholas street, Omaha, Nebraska.

Dr. Allen's trip to Paris was almost as positively a flying trip as if he had gone on a Santos-Dumont airship. Three weeks covered his journey from Chicago to the French capital and return. He brought back with him the patient whom he was called to see, notwithstanding the fact that Drs. Pozzi, Casin and Gros, her Parisian physicians, considered her illness hopeless and the journey one of extra hazard. The homeopathic similimum made possible that which their remedies and treatments had failed to accomplish in months.

The Supreme Court of Nebraska holds, on rehearing, in the case of Leake vs. Lucas, that a husband while living with his wife is part of the family, and that medical attendance of which he stands in need is a family necessity within the meaning of section 1 of chapter 53 of the Compiled Statutes of Nebraska, which makes the unexempt property of a married woman liable for the payment of all debts contracted for necessities furnished her family. Therefore sue the wife if the husband is a dead beat.

Dr. Howard A. Kelly, of Johns Hopkins, has entered suit against the Western Union Telegraph Company for the sum of \$2,000 damages, in consequence of the alleged neglect of the company to deliver to him telegrams requesting his professional attendance for an important surgical operation in Cambridge, Md., on October 13, 1902.

The voluble and caustic Sam Jones, of Ann Arbor, and the erudite and cautious Gilchrist, of Iowa City, are lampooning each other in the *Medical Counsellor* in a heated discussion on Medical Education and Modern Requirements. As is usual in such cases, the debate has become so personal that the main thought has been lost sight of. "O widd the power so giftie gie us," etcetera.

India is on the onward move for Homceopathy if new subscriptions count for popularity. An extract from a letter just received from Berhampore, Bengal: "With many thanks I beg respectfully to acknowledge the number of your popular journal, THE MEDICAL ADVANCE, giving me every satisfaction." With this letter came two other subscribers from Benares City, N. W. P.

The Medical Advance

... AND ...

Journal of Homeopathics.

VOL. XLI. LANCASTER, PA., AND CHICAGO, AUGUST, 1903. NO. 8.

A Study of Allium Cepa.

BY PROF. J. T. KENT, M. D., Chicago.

Allium cepa is useful principally for "colds." There are various phases of these "colds," in the nose, in the throat, in the larynx, in the bronchial tubes. The patient and all the phases of his "cold," his coryza, his laryngitis, his cough, all his complaints, are aggravated by warmth, are worse in a warm room, excepting the tickling in the larynx, which is sometimes aggravated by drawing in cold air. In this way the cough is sometimes excited by cold air, but the patient himself is better in cold air and sensitive to heat. Most of the symptoms are worse in the evening, the symptoms of the coryza, the "cold" and the general symptoms. These are the two most striking general features of Allium Cepa.

It is not strange that the old ladies used to bind onion on the ear for earache and around the neck for sore throats, for onion is very frequently indicated in most every climate for the effects of cold. Cold, damp, penetrating winds, in any climate, are likely to bring on Allium Cepa complaints—coryza, la grippe, influenza or whatever they may be called, and usually there is a great deal of congestive headache. Rawness in the nose, copious flow of water from the eyes which is always bland, copious watery discharge from the nose which is always excoriating. Rawness in the larynx and throat extending down into the chest. Rawness

in the nose. In twenty-four hours it reaches the larynx. Cough, excited by tickling in the larynx, and when lying down at night in a warm room. On going to bed in the evening Allium has its most troublesome aggravation. I have heard patients describe the pain in the larynx on coughing, saying that it felt as if someone was reaching down with a hook at every cough. Tearing in the larynx with every cough. Sneezing, rawness of all the mucous membranes and that tearing cough, all symptoms worse in a warm room and in the evening; it is astonishing how quickly the onion will break up that "cold."

THE PARTICULARS OF THE CORYZA.

Now we will take up the particulars of the coryza. Among the earlier symptoms will be the sneezing, which comes with increasing frequency. A watery discharge drips from the nose constantly, burns like fire and excoriates the upper lip and the wings of the nose until there are rawness and redness. Notice that the fluid from the nose is excoriating and the fluid from the eyes bland. Bear that in mind, for when we come to study Euphrasia we will find just the opposite. We will find just such a watery discharge from the nose and such copious lachrymation; but the lachrymation is acrid and the discharge from the nose bland. The nasal discharge of *Cepa* fairly eats the hair off of the upper lip. And there is so much congestion that the patient has a sensation of fullness in the nose with throbbing and burning, and sometimes nosebleed. Pains through the jaws, in the face; and these pains extend into the head. Dull frontal headaches, occipital headaches; headaches so severe that the eyes cannot stand the light; tearing, bursting, throbbing in the head.

Now there is another phase of this medicine. Why it begins on the left side and goes over to the right I do not know, but it usually does this. Stuffing up of the side of the nose, watery, acrid discharge from the left side of the nose—in another twenty-four hours the right side is invaded. "Profuse nasal discharge. Colds after damp, northeasterly winds." That is, after damp, cold winds, for they may come from different directions in different localities. Fluent coryza with headache, tears from the eyes, want of appetite, cough and trembling of the hands; feels hot

and thirsty ; worse evenings and indoors, better in the open air. In the text we read : "Every year in August, morning coryza, with violent sneezing, very sensitive to the odor of flowers and skin of peaches." That is one form of hay fever cured by Allium cepa. It will wipe out an attack of hay fever in a few days, when the symptoms agree. You may know that the true nature of hay fever is not generally understood. It is really only an explosion of chronic disease, that is, it is a manifestation of psora and can be eradicated only by antipsoric treatment. Many a time have I seen hay fever wiped out in one season by a short-acting remedy, only to return the next just the same, and perhaps another remedy will be required. As soon as the hay fever is stopped you must begin with constitutional treatment. There will be symptoms, if you know how to hunt for them, that differ altogether from the acute attack. When the hay fever is on these do not appear. It is a difficult matter to find a constitutional remedy when the hay fever is at its height, for it resembles an acute disease ; but it is a manifestation of psora, like any other manifestation of psora, as eruptions, cough, etc. The nose may manifest only a certain phase of chronic disease in one season which may, for instance, be suited to Allium cepa. I remember one time having occasion to prescribe Allium cepa at long distance. It was near a homeopathic pharmacy. I wired the pharmacist to send my patient Allium cepa, and he labelled it. Well, that patient kept the bottle and used it next season, but it did no good. That is likely to be the case, even when the symptoms seem to agree. In a psoric condition a short-acting remedy is insufficient ; it may help for one day only, and the deep-acting remedy that includes the patient as well as the hay fever and all the other symptoms will have to be administered. The best time to treat hay fever is after the acute attack subsides and until it begins again the next season. It will then occur in a greatly modified form, different from any the patient has ever had, and calling for a different remedy. That will be the case if the constitutional remedy has been properly selected.

ALLIUM'S RELATION TO THE EARS.

In these coryzas the inflammation soon spreads to the ears, the

throat and the larynx. The old mothers used to put onions on the baby's ear when it had earache. That is not surprising, when we see all the pains and aches belonging to this remedy. Jerking pains from the throat toward the Eustachian tube. Violent earache, even to the discharge of pus from the ear. Ringing in the ears. Stitches towards the ear from the forehead. Pain like thick threads drawing from deep within the head. Stitching, tearing pains in the ear, with the whooping cough, with coryza, with laryngitis. In the household where a medicine case is kept Pulsatilla is the standard remedy for earache, and it is true that only occasionally has a doctor to be sent for. Pulsatilla has such a strong affinity for the ear that it will cure earache in almost all sensitive children who cry pitifully. But those who are snappish, who are never suited, who will throw away something they have asked for and slap the nurse in the face must have Chamomilla. With Pulsatilla, Chamomilla and Allium Cepa you can cure the majority of earaches in children.

Further, as to the eye-symptoms that accompany the Allium Cepa colds. Remember that the discharge from the eyes is bland. Although there is a good deal of burning in the eyes the tears do not excoriate as they flow down over the cheek. Profuse, bland lachrymation. Lachrymation in the evening in a warm room.

ABDOMINAL SYMPTOMS.

We all know what a flatulent vegetable the onion is. It is a wonderful medicine for babies with colic. Cutting, rending, tearing pains drawing the poor little thing almost double. It screams with the violent cutting in the lower abdomen. "Stitching pains in the abdomen." "Colicky pains beginning in the hepatic region and spreading over whole abdomen, worse around the navel; worse when sitting." Wind colic. Allium Cepa is a wonderful remedy in whooping cough, and when it is indicated the child will often have indigestion, vomiting and flatulency; will pass offensive flatus, will be doubled up with colic. Allium Cepa also cures a ragged, sensitive condition of the anus with bleeding, in infants.

THE COUGH OF ALLIUM CEPa.

Acute complaints of the voice; catarrhal hoarseness; copious

expectoration of mucus from the larynx. Violent inflammation of the larynx coming on very rapidly, with that cough I spoke of, and the tearing in the larynx. Some will describe it as a sensation as if something were being torn loose. Those who describe more accurately will say that it feels as if a hook were dragging up through the larynx with every cough. Tickling in the larynx with hoarseness. In the whooping cough there is this same painfulness of the larynx. The child shakes and shudders and you can see that it dreads the cough because of the tearing pain in the larynx. Cough and difficult breathing from inspiring cold air, yet a warm draft will so increase the tickling that it is sure to set the patient coughing. So the cough is aggravated both by cold air and a warm room. Colds sometimes travel down into the bronchial tubes and are attended with fever and rapid pulse. If the tickling in the larynx, the cough from inspiring the cold air, worse in a warm room and in the evening, with tearing pain in the larynx, are present, *Allium Cepa* will cure. The cough is spasmodic and resembles croup or whooping cough. *Cepa* has a record for croupy cough. The old lady binds onion on the throat of the child with croup, and no doubt, out in the back woods, where there are no doctors, it was far better than Old School treatment.

Here is a fairly good description from the Guiding Symptoms: "Hoarse, harsh, ringing, spasmodic cough, excited by constant tickling in the larynx; cough produces a raw, splitting pain in the larynx, so acute and so severe as to compel the patient to crouch from suffering, and to make every effort to suppress the cough." "Severe, laryngeal cough, which compels the patient to grasp the larynx; feels as if cough would tear it." The child will reach up to the larynx and clutch it. This is wholly different from the *Aconite* condition, when the child, after exposure to a dry, cold wind, wakes before midnight with a hoarse, barking cough, and clutches the larynx. So *Aconite* cannot be substituted for *Allium Cepa*.

Another affection over which this remedy has marvellous power is traumatic neuritis, often met with in a stump after amputation. The pains are almost unbearable rapidly exhausting the strength of the patient.

Is Appendicitis Curable by Medicine?

BY P. C. MAJUMDAR, M. D., CALCUTTA, INDIA.

I can answer this question in the affirmative. In Europe and America there is a great discrepancy of opinion among eminent physicians and surgeons of the day. From what we learn from newspaper articles we may safely conclude that the majority of them are for the operative procedure. Even among the best physicians of our school such belief is present.

Here in India our experience and opinion are different. We get quite a number of cases for treatment, and it is no exaggeration to say that we are eminently successful with our homeopathic resources alone without the aid of the knife. We seldom have occasion to use surgical appliances.

In one of the American homeopathic periodicals a very eminent homeopathic therapist asserts that only a few cases of appendicitis are amenable to medical treatment, most of the cases being surgical. I cannot imagine how he has come to such conclusion. It may be that he has not come across a sufficient number of cases in his practice, or that he has no confidence in homeopathic medicinal resources in such cases. For my part, I can unhesitatingly say that we have had the opportunity of treating very bad cases of appendicitis for the last decade, and we are quite successful with them.

On one occasion there was a case of appendicitis in a young man of this city (Calcutta), and surgeons and physicians of great repute were consulted. They all considered the case as entirely surgical and an operation was decided upon. Good counsel prevailed, however, and the case was handed over to us, and in a few days of homeopathic treatment he was perfectly cured. When the cure was effected one of the allopathic surgeons consulted before was surprised how the cure was effected by minute doses of medicine. Having observed some of these cases cured by our remedies that gentleman had to acknowledge frankly before us that Homeopathy certainly is one of the methods of cure.

Recently we had been to see a case—a very serious case indeed

—where the allopathic surgeons unanimously declared the case as almost hopeless and an immediate operation was the only means for a probable recovery. The case ultimately yielded to one week of homeopathic treatment—a perfect cure was effected.

In India surgery has not been so thoroughly worked out as in Europe and America, so I believe in this country more cases are given for trial in the hands of homeopathic physicians, and thus we have ample opportunity of testing our therapeutic means in this disease.

There is a reason for this, and some of my American and European homeopathic friends told me that surgery pays handsomely there, and the surgeons out of love of gain betake themselves to use the knife instead of medicines.

The therapeutic resources at the disposal of the allopathic doctors in such cases are meagre, so they naturally advocate an operative procedure at once. It is a pity that our homeopathic colleagues are often guided by the opinions of these allopaths.

I beseech our friends to give a fair trial to our homeopathic remedies in such cases and report their results in our periodicals.

A very few cases really require surgical interference in appendicitis.

[The foregoing contribution from the ablest and best known exponent of Homeopathy in India has the true ring about it, and will be hailed as testimony not to be lightly regarded. In suited cases of appendicitis the homeopathic remedy is all-sufficient.—Ed.]

The Knife and the Remedy in Appendicitis.

BY FRANK WIELAND, M. D., CHICAGO.

INTERNATIONAL HAHNEMANNIAN ASSOCIATION.

I have been asked to write upon the comparative values of the knife and the remedy in appendicitis. I am essentially a medical man, but the opinions I shall express are the result of a very fair experience with appendix cases.

I do not think my deductions will go unchallenged, and yet in

my own mind I am convinced that the remedy as a curative measure,—mind I say “curative measure,”—has no place in the treatment of appendicitis. I know that relief can be given to the acute pain of these cases, and that other measures, such as applications of heat and cold, assist in making the patient comfortable. But an appendix that has once developed an inflammation has fallen into a bad habit, and nothing will permanently correct that habit.

This confession does not worry me now as it would have done some years ago when I had fewer cases and had studied less closely the changes that occur in appendixes after attacks. My faith in my medicines for medical cases is unbroken. But so many of us are apt to expect more of a remedy than it is possible for a remedy, never so well selected, to perform.

I have appendix cases even now that have not yet required operation, or rather in which operation up to date has been refused. One of these men averages a week in bed every month. Under dietary, hygiene, heat and the proper remedy he convalesces and gets about again, only to go through the same procedure in a short time. Is this worth while? An operation, two weeks in bed, a week of quiet about his room, and he would be well for all time. The remedy does all it can do, but it has its limitations.

In another case I had the patient under the most rigid discipline for three weeks. A trained nurse attended her day and night. In this time the intestines had almost complete rest. The patient finally got up, was about for three or four days, when she was again taken with excruciating pain and symptoms of obstruction of the bowel. Consultation was called, she was removed to the hospital, and an operation was performed at once. A band of adhesive material, as firm as fibrous tissue, had surrounded the intestine and closed it as effectually as if it had been bound with cord. From the time the appendix was removed this woman never had another pain.

I could recite many such experiences. I have given the remedy every chance, according to my interpretation of its applicability. I have had good consultation—we have the best in the world in Chicago—and I have come to this conclusion, that the results at-

tending appendicitis are such that medicine cannot remove them. Remedies cannot release an adherent bowel, they cannot open an occluded appendix. If an appendix filled with pus opens into the bowel the patient and the physicians are lucky, but the remedy has not caused the discharge into the bowel. The abscess must break. About once in a thousand years it will break into the intestines, and even then the patient is not cured. My candid opinion is that a diseased appendix has no business in the abdominal cavity, and that a relieved case of appendicitis is by no means a cured one.

[This is the view most generally held by the surgical wing of the profession. But the disease in its most intractable form is generally found in the psoric or tuberculous patient and here a persistent use of the deep acting antipsoric remedies will generally prevent the relapsing or recurrent attacks. Of course if mechanical impediments exist—adhesive bands around or foreign matter in the appendix—surgical measures are required.—Ed.]

Things To Think About.

BY G. E. DIENST, M. D., NAPERVILLE, ILLS.

As physicians it should be our highest aim in life to cure pain rather than palliate only. One of the most frequent pains we meet with is pain in the head, which at times is exceedingly stubborn. One is almost tempted to resort to palliatives to appease a suffering patient, but in the true and only rational science of medicine we have, very happily, curatives that act just as quickly and far more effectively than the palliatives flaunted upon the market and sent in sample form to physicians. To be expert prescribers in all manner of pain, and particularly headaches, two things are of paramount necessity, a knowledge of the conditions and a knowledge of the *materia medica*.

Let us lay aside for a few moments every care and prejudice and study carefully two remedies, for that is all we have time to do just now. By and by we will study two or three more.

BELLADONNA.

The headaches of Belladonna are usually found in fleshy people, brainy, plethoric individuals, persons in whom the vascular system seems to predominate. All the conditions of Belladonna are characterized by great violence, sudden onset; the pains come as quickly as if one were struck with a dull cudgel of some kind. The headaches, therefore, are violent in character, come on suddenly and disappear suddenly, for it would be impossible to endure the violence of pain any great length of time. Between the paroxysms there is soreness of the head and eyes, and the patient refuses to move or be touched for fear of producing another attack.

AGGRAVATION.—The Belladonna headache finds its greatest period of aggravation in the afternoon, as a rule, and is worse from 3 until 8 or 9 P. M. The pain may be worse by one or more of the following: By ascending steps, which increases the throbbing; during a chill; from getting cold, or from taking cold; by coughing, or motion; by cutting the hair, especially if the day is cold or windy, when a severe attack is sometimes brought on; by shaking the head; during fever, especially such fevers as come on suddenly, in a few hours, and are of a congestive nature; by a jar of the body, or bed, moving a chair or treading hard in a room where the patient may be lying; from brighter light; from noises of any kind; from stooping or slipping rather hard. The Belladonna headache is usually worse in summer, from getting too warm, from being in the hot sun, especially if the season be dry and dusty.

LOCATION AND CHARACTER.—The pain may be located in one or more of the following regions: The forehead just over the eyes, and is either pulsating or pressing in nature, and is aggravated by any of the conditions already given. When it is very violent relief may be had by pressing hard against the forehead with the thumbs just over the eyes, or at the root of the nose between the eyes. Sometimes this pain extends from forehead to occiput, or to the temples, worse on the right side, or it may originate in the temples, involving both sides. It may come im-

mediately over or back of the eyes and is then most frequently of a boring character.

When it is found with hyperæmia of the brain it becomes bursting in character, and it is at such times when a cough or a jar or any motion almost drives the patient frantic. Not infrequently when the pain is less violent and located in the frontal protuberance it is more continuous, and the patient complains of a sensation as if the forehead or eyes were being pressed outward. We also find conditions in which there is a sensation as if the vertex were being pressed upwards, or that the temples were being pressed outward. The most violent forms of pain, and those that drive the sufferer almost mad, are the pulsating or throbbing, and when the symptoms agree, Belladonna is certainly a Godsend to mankind.

Again, this remedy is found useful in the above forms of headache that are brought on from uncovering at night, from getting warm in the sun, and lying down in a cool or damp place to "cool off." It is found useful in those headaches where there is a sensation as if the head were too large, especially in acute diseases. In diseases of a congestive nature, in students who complain of a rush of blood to the head when they study, headaches during diarrhœa, or of fleshy children who get very red in the face at play or any slight or pleasurable exertion.

It is not suitable to chronic headaches, or headaches that have been long in coming, or are accompanied or preceded by some lingering disease.



DOSE-REPETITION.

There is only one law of dosage, viz.: The smallest possible that will effect results. There is only one law regarding repetition, viz.: Not to give the second dose until the first has ceased its action. But it seems to me that this is more applicable to antipsorics and chronic diseases than to quick acting remedies and acute diseases.

My rule is to use the 30th to 200th potency in children when giving Belladonna, and the 200th potency for adults. In severe cases I give the one or the other potency every thirty minutes

until we get amelioration, then gradually lengthen the time between doses to one, two or three hours until the headache is gone, then stop the medicine, and where the individual is not acquainted with Homeopathy I give a liberal placebo as long as necessary. This method has always brought quick and very satisfactory results.

No sooner is this acute paroxysm past than I make a study of the individual to ascertain the etiological factors in the headache, the disease tendency of my patient, and having ascertained the totality of symptoms, including the headache, I select the simillimum, or try to select it, and give it in such a potency as in my judgment is suitable to the individual and his condition, seldom going below the 1000th potency, and having selected the simillimum and the potency persist until the patient is cured. Time is always well spent by sitting at the bedside until you see results.

BRYONIA.

The Bryonia headache is a peculiar one in this—that though having symptoms and conditions in common with many other remedies its truest type is found in individuals who are naturally a little slow in thought and action, individuals of venous or sluggish constitutions, persons with sluggish hearts, poor circulation, though apparently rugged; persons who suffer much from cold hands and feet, who are sensitive to every change of weather, who get dull, lazy and feel sluggish when the weather changes from a bright clear cold to warmer or murky weather; persons with inactive livers, poor digestion, severe constipation, stool lumpy, black and hard; persons who grow very irritable and cranky when not feeling well, who mope around for two or three days in an out-of-sort disposition before they get down to genuine complaints of pain; in rheumatic, gouty individuals, rather sallow complexion though fleshy, dark hair, dark eyes, flabby muscles, inactive, not fond of exercise and always feel cross or complain of pain or being tired when spoken to or asked to do anything, especially if it has the flavor of work.

NATURE AND LOCATION.—The headaches are slow in coming, usually preceded by two or three days of dullness or heaviness of

the head which gradually grows worse until it becomes congestive, bursting, shooting, splitting, tearing, stitching or by any other name the patients may give it.

It usually begins in the forehead, and as it grows in severity, which is always a slow process except in severe acute diseases, as in inflammatory rheumatism or pneumonia—and even then it is slow, the dullness being forgotten by the shooting, migratory and uncertain pains elsewhere—it spreads to the eyes, temples and vertex, all over the head, when it almost drives the patient frantic, and possibly this would be the case were it not for the fact that every motion, winking, talking, chewing, raising the head, etc., aggravates the pain. Any motion aggravates a Bryonia pain, but coughing is especially dreaded; for this causes such throbbing, bursting sensations that patients will hold their heads every time they cough.

In the milder forms of Bryonia headaches patients complain of a sensation as if their brains were tied up; they cannot think, can do no mental labor, the avenue of thought seems closed, thinking is painful. The forehead seems pressed outward, but not by knowledge, and the top of the head bulged upwards, not by wisdom, and in all these sensations there appears to be a tightness of the brain, not exactly sluggish as we found in slow forms of fever, but tight; they must get it loose before they can think. Bryonia is a great genius in untying these knotty brains.

Bryonia headaches are brought on by colds; after a person has been sneezing and complaining of an all-out-of-sorts feeling, with watery discharge from the nose for a day or two, then on comes a dullness and heaviness and eventually severe pain in the head. It is indicated in those slowly on-coming pains in the head that accompany slow fevers, pneumonia, pleurisy, rheumatism, etc., but is not indicated if it does not cover the totality of symptoms.

In dull headaches calling for Bryonia they are usually worse in the morning especially on getting up and moving about. If they are very severe, of the splitting, bursting variety, they are usually worse from 9 P. M. until morning.

Whether from habit or not I do not know, but I do not give this remedy as frequently as Belladonna, nor in such low potencies.

I use most frequently the 1 m. and up, and obtain all that one could desire, and very quickly and surely. When giving the 1 m. I prescribe a powder every two hours until three powders are taken, then wait for results. If Bryonia is the similimum the results will be very happy and no more medicine is needed in acute attacks. If no favorable results follow this treatment, and I am sure of my choice of remedies, I go higher and push matters a little, giving the 10 m. or 50 m., as above.

In chronic cases I give 10 m., 50 m. or cm. according to age and susceptibility to the remedy. While giving this medicine and for three weeks afterwards I forbid the use of salads and sauer kraut.

[Why prohibit salads and sauer kraut when giving Bryonia? Is it because of patient or remedy?—Ed.]

Homeopathy Verified.

BY F. E. STOAKS, M. D., MAYETTA, KANSAS.

SULPHUR AND NUX.

Case I.—Mrs. P., aged 60, large, corpulent woman, had suffered for years with constipation and hemorrhoids; liver considerably enlarged. She had outlived the whole list of purgatives and nostrums; was so dependent on the regular weekly “physic” that she was sure to suffer from a severe attack of sick headache, with bilious vomiting, if she allowed her bowels to go without stool over twenty-four hours.

She fully realized that cathartics were killing her and dreaded a repetition. Had never had homeopathic treatment. Called on me by recommendation of a friend. I promised relief if she would not resort to cathartics. I gave her as a starter one dose of Sulphur 200, to be followed in twenty-four hours by Nux vomica 200, one dose per day for a week, with the expectation of prescribing for her several times; but she has had one stool regularly every day, with no “spells” of sick headache since. I have not been called upon to prescribe again, as she seems well in every respect.

[This is a good cure, but which did it, Sulphur or Nux? If Sulphur was the remedy it would have done the work unaided, and when once given it should have been allowed time to do its work. This kind of practice comes from defective early training, college teaching.—Ed.]

A LYCOPodium CASE.

Case II.—Mrs. L., a lady in the sixties, a chronic sufferer for years with periodical attacks of pain in hypogastric region, with vomiting of coffee-colored, sour fluid; great abdominal distension, digestion very weak. The abdominal bloating greatly increased after even a light meal, with considerable flatulence and rumbling in abdomen; urine scanty, dark red, but frequent urination; some traces of blood; also, a yellowish or sandy sediment. *Lycopodium* 12, 30 and 200 is the only medicine she has had for the past four months. While the improvement has been slow it has been gradual, interrupted by attacks decreasing in degree, till now she thinks she is nearly well.

This lady had had the best of physicians—allopathic, eclectic and homeopathic. Some had pronounced her incurable, with organic disease of kidneys. While she may never be entirely well on account of her age, her improvement has been remarkable under *Lycopodium*.

The Mentality of Hahnemann.

INDIANA INSTITUTE OF HOMEOPATHY.

BY CARRIE B. BANNING, M. D., FT. WAYNE, INDIANA.

How great a man was Samuel Hahnemann?

Had he never discovered the law of cure, or formulated *similia similibus curantur*, would he have been known above the average man of his time?

Would there have been anything more than a passing mention of him in the annals of the day?

How many of us can answer this query?

A view of Hahnemann was brought to my mind in this man-

ner on the occasion of the annual banquet and reception of the Allen County Homeopathic Medical Society in Fort Wayne, when the president of the American Institute addressed us on "Homeopathy; Its Past and Its Present Proud Position."

We have heard Hahnemann derided and criticised—declared ignorant, illiterate and fanatical—and many of us, I am sure, could not refute these attacks with facts if called upon to do so.

Hahnemann was born in 1755 and died in 1843. This was a period of great men—Washington, Napoleon, Frederick-the-Great making and unmaking nations; Rosseau and Voltaire upheaving the realm of thought. This was also a period of great deeds and great ideas. Revolution was succeeding revolution and liberty and enlightenment were becoming powerful forces in Europe and America.

To make a mark at such a time and among men of such brilliancy a man must have been of more than ordinary mold and vigor. Yet such a man was Samuel Hahnemann—were Homeopathy unknown.

Hahnemann was born in Meissen, Saxony, April 10, 1755, of poor parents. His father, "a man of great probity and conscientiousness," was a designer of pottery and expected to bring up his son in the same trade. Hahnemann attended the public school for several years and developed a great fondness for study, and when his father felt he should leave school and go to work his teachers interceded in his behalf—offering to teach him without recompense.

Imagine, if you can, this boy of twelve teaching Greek to the other children and gathering in his walks specimens for a herbarium of Saxony. "His father," says a reliable witness, "tried to prevent him from becoming deeply interested in reading and study. The boy would endeavor to hide and would flee with his books to the remotest parts of the house. The light there was not always sufficient, for he made for himself a lamp of clay, because he feared his father would miss a light and put a stop to his cherished occupation. His studies while at Meissen included Latin, Greek, Hebrew and history, physics and botany. But his favorite study was Medical Science."

When he left this school he presented a thesis written in Latin upon the "Wonderful Construction of the Human Hand."

"He began his student life in Leipsic by attending lectures during the day and devoting his nights to translations from English into German. He taught also German and French." "During his sojourn at Leipsic he translated the following books, all from the English: John Stedtmann's "Physiological Essays;" Nugent on Hydrophobia; Falconer on the Waters of the Bath, two volumes; "Ball's Modern Practice of Physic," two volumes.

In a Leipsic homeopathic journal of 1865 was published a Latin poem composed by Hahnemann soon after his arrival there. It is addressed to a distinguished philologist, Prof. Zeune, and bears the date September 20, 1775, and must have been composed in his twentieth year.

In the spring of 1777 Hahnemann went to Vienna to study medicine. His funds gave out at the end of nine months and he then went to Hermanstadt as a family physician and librarian to the Baron Bruckenthal. "Here he was far from anything to distract his mind from study. Here he gained some knowledge of numismatics and acquired that extensive and diverse knowledge of ancient literature and occult sciences of which he afterwards proved himself to be master, and with which he astonished the scientific world. When he left Hermanstadt he was master of Greek, Latin, English, Italian, Hebrew, Syriac, Arabic, Spanish, German and some smattering of Chaldaic."

In the spring of 1779 he went to the University of Erlangen to attend lectures and received his medical degree August 10 of that year. His thesis was "A Consideration of the Etiology and Therapeutics of Spasmodic Affections."

In 1782 Hahnemann married and settled in the little town of Gommern to practice his profession. He also resumed his literary work. While living there he translated from the French Demachy's Art of Manufacturing Chemical Products. Demachy was one of the first chemists of the day and the French Academy had published his book. Where Demachy remarks he knows no work on carbonification of turf Hahnemann mentions six. Demachy quotes a French analyst without giving his name, but

Hahnemann gives not only the author's name but also the name of the book. Demachy mentions a celebrated German physician, Hahnemann gives his name, his book and the passage in question. On every page his notes appear. He gives new directions for making retorts and is well acquainted with the manufacture of chemicals in other countries. "He understands the use of pit coal in England," etc. Crell, in the chemical journal of the day, says: "We can affirm that no more complete treatise exists on the subject of the manufacture of chemicals than this work."

In 1787 Hahnemann translated *Detection of the Purity and Adulteration of Drugs*, by Van Den Sande. In translating it into German he so added to it and amended it that the main part was his own work. All Hahnemann's deviations, as usual, were complete and careful. His tests for drugs are concise and correct. He introduced many new discoveries and suggestions for the detection of adulteration. "It is in this publication that he first gives his celebrated wine test. Wine was often sweetened with sugar of lead, which caused colics, emaciation and death," and the test in use at that time was very uncertain. Hahnemann's test by which lead in the proportion of 1 in 30,000 could be detected was greatly praised by chemical and scientific journals of his day. Trommsdorff's *Journal of Pharmacy* stated that "Ignorance of Hahnemann's wine test was damning evidence of the incompetence of many apothecaries."

Albrecht tells the following anecdote to illustrate the effect that Hahnemann's scholarship had upon the physicians at this time. Dr. Huck, of Lutzen, writes thus to a friend: "Though I seldom talk to any one about one of the greatest thinkers of all the centuries, yet I gladly write to you about the man who, by evident proofs of his great ability, has in a short time wholly won to himself the unprejudiced portion of the medical, as well as the unmedical, learned men of Leipsic. To hear Hahnemann, the keenest and boldest investigator of nature, deliver a masterpiece of his intellect and industry was to me a truly beatific enjoyment."

While because he was driven from one town to another for many years of his life Hahnemann was poor, yet he divided a

fortune on leaving Germany. It is estimated that during the eight years he lived in Paris he amassed a fortune of four million francs, showing no mean financial ability.

The list of Hahnemann's attainments, scientific and literary, scholastic and economic, is tediously long, and it is needless to lengthen it farther here. But it is well to know something of the esteem in which he was held by men of his own kind in his own time.

Dr. Valentine Mott, the great New York surgeon, during his stay in Europe, visited Hahnemann and held personal intercourse with him. He gave this opinion of him: "Hahnemann is one of the most accomplished and scientific physicians of the present age."

Dr. John Forbes, a great name in the annals of British allopathic literature, says of him: "No careful observer of his actions, or candid reader of his writings, can hesitate for a moment to admit that he was a very extraordinary man, one whose name will descend to posterity as the exclusive excogitator and founder of an original system of medicine, as ingenious as many which preceded it, and probably destined to be the remote, if not the immediate, cause of more important fundamental changes in the healing art than have resulted from any promulgated since the days of Galen himself."

Prof. Brisboro, another classic name in allopathic annals, boldly gives Hahnemann the proper credit of exposing and denouncing the miserable allopathic theories and practices of the day. "That he has learning," says the professor in an address before the British Medical Association, "and ability and great reasoning power is abundantly clear. He saw through the prevalent therapeutic absurdities and impostures of the day. He laughed to scorn the complicated and loathsome nostrums which even at that time disgraced the pharmacopeias, and he exposed with no little skill and success the emptiness and worthlessness of most of the therapeutical systems which then prevailed."

Jean Paul Richter calls Hahnemann "this extraordinary double brain of philosophy and erudition," proclaiming of him also as follows:

"That Hahnemann was a scholar, a thinker, was of indomitable will, was respected, is not to be denied."

"He lived through the changes of a world's century, saw his system of healing rise from contempt to honor, knew hardships and died in luxury in the world's capital."

"Scholar whom scholars honored and respected."

Physician whom physicians feared, philologist with whom philologists dreaded to dispute, chemist who taught chemists, philosopher whom adversity nor honor had power to change. Such a man was Samuel Hahnemann.

The Etiology of Cancer.

BY ROBERT T. COOPER, M. A., M. D., LONDON.

The following history given me in a case of osteo-sarcoma affecting the head, neck and upper shaft of the femur is worthy of careful consideration, as it teaches very forcibly the important lesson that cancerous diseases may arise from any form of septic infection, whether conveyed in the channel of food or subcutaneously in the form of vaccine-lymph.

Patient's age, 51; vaccinated at 20; had a very severe illness afterwards, attended by the formation of a large abscess near the axilla of corresponding side; evidence presumably of a sensitiveness to septic infection, which admittedly may be conveyed in the operation of vaccination.

Fourteen years ago, when on the continent, after partaking of an ice she was seized with frightful pain in the bowels, followed by symptoms of septic poisoning, with great prostration and slow recovery; her doctor, indeed, was not certain if the case was one of typhoid fever.

When recovering a swelling came in the right breast, and the patient was sent up to London from the south of England, where she was then staying, to a consultant, who declared it cancerous and at once removed the breast. This, a second time, showed how easily disposed the patient was to infecting material, and it proved that this impregnation may assume a cancerous form.

For twelve years the patient remained free from recurrence of the cancer, and two years ago was vaccinated. The vaccination "took," but very soon after a swelling, declared to be cancerous, came in the left breast, and this breast was accordingly removed by surgical operation; however, within the last six months cancerous disease has broken out in the left thigh bone, as above stated, showing that marrow infection is at work, and that, whatever may be said to the contrary, fermentative material, like vaccine lymph, may develop injuriously in the system and lead on to malignant disease. There was, I may state, no family history of cancer.

Of late I have met with many cancer cases, all dating back two years, and in every instance where this period of duration was mentioned it transpired on my questioning the patients that the disease had come on subsequently to vaccination during the last epidemic of small-pox.

[And still we wonder why cancer and other malignant diseases are on the increase. We sow the seed in vaccination; we reap the harvest in cancer, osteo-sarcoma, etc.—Ed.]

Sulphur As a Contagium Prophylactic.

BY S. L. GUILD-LEGGETT, M. D., SYRACUSE, N. Y.

During epidemics, be they of small-pox, diphtheria, scarlet fever or what not, such patients as indicate through symptoms their need for Sulphur, and receive it in high potency, have no need to fear contagion nor further prophylaxis. Other well indicated, deep acting remedies possibly have the same power, but Sulphur is sufficiently broad and deep to cure some cases of any disease that humanity is heir to.

Dr. Park, bacterial expert of the New York Health Department, has come to the conclusion that the intra-venous injection of Formalin is not only useless as a means of combating septicemia but is positively harmful to the vital constituents of the blood. Really?

Clinical Cases.

BY A. F. SWAN, M. D., Avondale, Colorado.

The following cases are reported not because they show any very brilliant prescribing but because they show that the indicated remedy will work:

CASE I. D. L. Had been sick for four days with diarrhea, following some work on a ditch. Presented these symptoms:

Constant desire for stool.

Profuse evacuations, whitish, liquid.

Entire absence of pain.

Great exhaustion.

Phosphoric Ac. 200.

Next day, no improvement.

Podophyllum 200.

Patient was at a dance the following night.

CASE II. Baby eighteen months old was severely burned in palms of hands on April 28. Found her in much pain, and crying from that and the fright. Dressed the hands with dilute carbolic acid and gave internally Opium 200, with the result that she slept well all night. The hands did well till May 12, when one of them developed some exuberant granulations, for which the family used burnt alum, and then sent for me. I found

A raw ulcer, bleeding easily, black blood, edges elevated and indurated.

Child very nervous, had not slept well for two nights.

Crying at even the sight of bandages or the doctor.

Asafoetida 200 not only eased the nervous condition and allowed the child and the family to sleep, but started the ulcer along the road to rapid healing.

CASE III. Mrs. T. Pregnant about two months.

Nausea for a week, worse at 11 A. M. and 6 P. M.

Worse on motion or exertion.

Better lying down.

No other symptoms obtainable.

Asarum Europ. 200, and later 1000 (Sk), a powder if she feels the nausea coming on, has relieved almost completely.

Is Malandrinum a Misnomer?

A writer in *Medical Counselor* asserts that Malandrinum should be called "Greaserinum." He says: Grease in a horse is a disease of the pastern joints and is caused by filth and neglect in keeping these joints clean, and corresponds to scabies or itch in the human being.

Malanders in a horse is a disease entirely different and is identical with psoriasis in a human being. It is a disease that makes its appearance on the posterior portion of the hock joint or on the anterior portion of the knee-joint, less frequently on the four legs together. An acrid humor is secreted from the swelling, eating away the hair, forming scurfs and rhagades, and causing lameness of the affected limb. Let any physician read a description of psoriasis and read elbow instead of knee, and knee instead of hock and he can describe one as well as the other. Now do the same with itch and grease, changing the space heel for the space between the fingers and it will suggest that Malandrinum ought to be called Greaserinum. Is this correct?

A Naphthalin Proving.

An involuntary proving of "tar camphor" is recorded by Dr. S. F. Nash in the April *Homeopathic World*. The schema of symptoms as arranged by him is given below.

Head: Severe headache for two days.

Abdomen: In half an hour severe, sharp pain round umbilicus, which continued intermittently, and was followed by aching and cutting pains down the penis and at its end.

Stool: During the first night, several watery stools "mixed with bright red;" he thought it was blood.

Urinary Organs: Within an hour micturition became very frequent; urine from brownish yellow became black "like weak ink;" micturition caused pain and soreness down urethra. Morning after, urine found to be smoky. Two days later, suppression of urine for twenty-four hours; urine when passed was clear and contained no trace of albumen.

Male Sexual Organs : Aching and cutting pains down the penis and at its end following abdominal pain ; prepuce swelled and was very tender.

Respiratory Organs : Four days later the boy developed a left-sided dry pleurisy—probably influenza—though the temperature did not rise.

A *Cistus Canadensis* Hint.

Cistus Canadensis, the rock rose or frostwort, is one of the few good remedies with which the profession is not familiar enough. It seems to be a good antiscorbutic and is indicated in people reminding you somewhat of *Calcarea carbonica*. They are sensitive to cold air and their feet are cold, and they complain of cold feelings in different parts of the body. It has cured many cases of scrofulous ophthalmia of long standing. It is a deep-acting remedy, like Sulphur, and often arouses the sleeping vitality. If glandular enlargements in the neck be found it is the remedy to meet the dyscrasia and probably effect a cure. The leucorrhœa is bad smelling, as are all the discharges of suppurating surfaces under this remedy.—*Medical Visitor*.

HYOSCYAMUS IN STRABISMUS.—A man of weakly constitution, infected with syphilis when sixteen, which was probably suppressed with mercury, suffered occasionally with rheumatism. Two years before treatment he had pains in the arms which passed off of themselves, but left behind a weakness of the joints, with formication and difficulty in moving the hands. Then a disturbance of vision set in. Objects appeared as if surrounded by clouds, and afterwards he saw them double and of larger size than before. Convergent strabismus of the right eye became so marked that nearly half of the cornea was hidden. Hyoscyamus, two single doses of the 30th, a week apart, and a dose of the 200th, a few days later, cured.—*Recorder*.

Central New York Homeopathic Society.

ROCHESTER: MARCH MEETING.

The quarterly meeting was called to order by the president, R. C. Grant, at 11:30 A. M., at the Rochester Club.

Members present: Drs. H. C. Allen, W. E. Dake, E. V. Ross, V. A. Hoard, R. C. Grant, E. P. Hussey, M. E. Graham, J. M. Keese, T. D. Stow, W. W. Johnson, A. C. Hermance, J. K. Tretton, G. W. Hoyt and S. L. G. Leggett.

Visitors present: Drs. G. M. Thompson and A. J. Fritz.

The minutes of the December meeting were read and approved.

Dr. A. J. Fritz was extended the privilege of the floor, and an application from him was filed, to be acted upon in September.

DISCUSSION ON PARAGRAPH VIII. OF THE ORGANON.

Organon, Section VIII., with note, was read by Dr. W. E. Dake, and discussed by Dr. Hussey.

*It is not conceivable, nor can it be proved by any experience in the world, that, after the removal of all the symptoms of the disease and of the entire collection of the perceptible phenomena, there should or could remain anything else beside health, or that the morbid change in the interior could remain uneradicated.

Dr. Hussey said that it was no spirit of criticism that prompted him to differ from Hahnemann in the foregoing conclusion. As a result of twenty-five years' experience in the practice of Homeopathy he was led to think that this statement was not always borne out. He acknowledged the possibility of an understanding in this translation of Wesselhoeft's, differing from that of the original, but said if the words "perceptible phenomena" were to stand he must believe that disease did sometimes exist without them.

He illustrated his meaning by the case of a child, born and living until an attack of zymotic disease at the age of nine, with-

out a perceptible sign or suspicion of sickness, and who had seldom seen a well day since; this, in spite of the most careful homeopathic prescribing during the attack and subsequently.

He drew attention to the same conditions as a result of syphilis or gonorrhea; cases of the former disease treated with crude doses of mercury until all "perceptible phenomena" of the disease had disappeared had shown, by the accumulated experience of careful observers, that three or four years of apparent health under such treatment was necessary to exempt the victim from a renewed outburst of the disease if the treatment was suspended.

He also pointed to the suppression of all "perceptible phenomena" in intermittents, under the administration of quinine, which sometimes would remain quiescent for years.

Dr. Biegler thought we could not accept Dr. Hussey's view even in the case of the apparently healthy child. He believed that the development of sickness after an attack of zymosis showed that it had been present previous to the attack. He thought some symptoms of this presence must have existed. He said that cases of syphilis or gonorrhea were different, being obviously cases of suppression, and consultation with a physician was evidence of sickness. He felt sure that all "perceptible phenomena" had not been removed, and could be discovered in the appearance of habits of the victim. So in case of suppression of intermittents; the patient might not exhibit the phenomena of chill, fever and sweat, but would exhibit sick symptoms of some kind to the observant physician.

Dr. Hussey said that he had only mentioned such cases as all knew were not cured. He said that his own daughter had had no perceptible illness other than the most healthy child would be subject to, nor special occasion even for prescription, until her ninth year, when she was attacked by scarlet fever; with the best of care, the most careful prescriptions, she had developed an otitis media, and had seldom known a well day since. He thought from his own history that the zymosis had developed a latent psora in the child; but it was there to be developed, though not "perceptible."

Concerning syphilis he illustrated: he had under close observa-

tion a syphilitic woman who is being treated by an old school physician with massive doses of mercury. Under its action, now in the second year, she has become, seemingly, the picture of health, feeling and appearing better than before she contracted syphilis. To a careful observer there is not the slightest "perceptible phenomena" of any disease. Dr. Hussey had not examined her professionally, yet, he said, her physician would not consider her cured in at least two years more; would not consider she could give birth to a child untainted. He said that physicians who had made syphilis a study had, from combined experience, decided that three or four years must elapse, under constant mercurial treatment, before they would insure safety from inoculation, from further outburst of the disease, or freedom from taint in possible offspring.

Dr. Biegler thought an appearance of health was often false and subjectively relative. He said that a woman who had always suffered from ill health, on feeling better might term herself well when a physician of discernment would decide her to be still diseased.

Dr. Allen believed in the perfect truth of the Organon. He said that Dr. Hussey, and all other physicians, knew that when disease was present "perceptible phenomena" of one kind or another, even if shadowy, were present also. He also said that a physician was at a disadvantage who attempted to treat his own family, and should never attempt it when serious conditions were present. He gave as reasons, the temptation to prescribe for slight symptoms of cold, indigestion or discomforts here and there, which would probably pass before he arrived if he was at a distance from his patient.

He said that cases of suppressed intermittents were never well; there were aches, pains and various conditions which an old school physician would never see, and certainly not attribute to the suppression, but which the homeopathic physician would quickly discover. He repeated that when a patient became so well as not to exhibit "perceptible phenomena" he did not believe in the presence of disease. He thought there were few people in whom a homeopathic physician would not be able to find

some signs of a departure from health, even though calling themselves well. He recalled the fact that Hahnemann's theory of disease was strictly dynamic, while Hufeland's, here quoted, was wholly material.

Dr. Hussey agreed as to the course of the great majority of cases, but said that he had met with notable exceptions in which careful observation had failed to reveal, for a long period of time, any symptoms of the suppressed disease or the consequences of its suppression.

Dr. Allen said that in the case of the syphilized woman, now under the influence of crude mercury, it would never cure her; that some remedy belonging to the sphere of her former ill health or discrasia, some antipsoric, would have to be used to effect a cure.

Dr. Dake contrasted the two schools of medicine in their search for detail in diseased conditions, and acknowledged that the homeopathic physician would find signs where the old school would not.

Dr. Graham, surgeon, poisoned during an operation through an abrasion of the thumb, was much interested in the treatment of syphilis by the crude drug. He detailed his first symptoms as aching and malaise, as if from grippe, with eruption, confined mostly to the head. He said he had feared the loss of his thumb at one time. After three or four months he discovered he had lost the sight of one eye. The third trituration of Mercurius protoiodide had not relieved, and a spot appearing upon the other eye he had resorted to $\frac{1}{8}$ gr. tablets, three times a day. Improvement encouraged him to continue, with such favorable results that one eye was restored and the other was made much better. He believed Mercurius to be homeopathic to his case.

Dr. Beigler, whom Dr. Graham had consulted, looked upon the eye symptoms as a result of suppression. He said he could not persuade the doctor not to use local application to the thumb.

Other counsel agreed in this opinion.

Dr. Beigler recalled a case of phagedenic ulcer of the cornea in a child, blinded, but relieved by the homeopathic remedy, but it was again made worse and suppuration increased by the use

of a per-oxide wash. He mentioned a bad case of suppuration at the base of thumb and index finger in a man coming from a country village and in the care of an old school physician. The patient had been advised to have an amputation of the hand and came to him to learn if it could be avoided.

The hand was dirty, and a soiled handkerchief was drawn through the hand as a seton. This rather surprised the doctor upon consideration of the theories so often advanced by that school of medicine concerning asepsis and antisepsis. He proceeded, however, to cure the hand, without surgical interference, by the prescription of the homeopathic remedy.

Dr. Allen quoted Hahnemann :

“If the best preparation of Mercury did not clear up a case of syphilis, the Mercury must be stopped until the proper constitutional remedy had time to remove the constitutional conditions that were acting as obstructions to the cure.”

Dr. Allen said that each case of syphilis must be treated from a constitutional standpoint; that this was as true today as when Hahnemann lived, and would remain true till the end of time. He said that the Protiodide of mercury would never cure Dr. Graham until the constitutional dyscrasia was subdued by the constitutional remedies, and that the case quoted by Dr. Hussey would need the same treatment.

Dr. Grant added that Dr. Graham would not be cured until he put himself in charge of a physician in whom he had perfect confidence and ceased his efforts to prescribe for himself.

Dr. Allen had been consulted, two years previous, concerning a woman six months pregnant suffering from albuminuria, for whom it had been decided necessary to produce an abortion. The patient was in the hospital, the urine almost solidly albuminous, and great fears were felt for the outcome. Dr. Allen examined the patient symptomatically and found that before pregnancy she had been subject to an inveterate eczema, which had disappeared with the pregnancy. He said at once that “this was not an operative case, but a case for constitutional treatment.” He took the symptoms, which called for Kali carb. The eczema returned, the

albumin disappeared and the woman was normally delivered at full term. Such was the result of the proper remedy at the proper time.

Dr. Grant said if every homeopathic physician had practiced the same kind of Homeopathy there would not be an allopath left on the face of the earth today.

Dr. Stow said that Hahnemann had left the ranks of the old school thoroughly disgusted with the practice. He was a great analyst, and not until he had thoroughly investigated a subject from every side did he put his thoughts on paper. Dr. Stow could reach no other conclusion, but that when the totality of symptoms had disappeared the disease was cured, or on the way to cure. He said that when the old school man had done what he considered to be his duty he had simply shut down upon the "perceptible phenomena" of the acute manifestation without regard to constitutional results. In the management of intermittents years previously he had never had a return of the disease, while the old school men all around him complained that the disease returned again and again.

Adjourned for luncheon.

AFTERNOON SESSION.

The meeting was again called to order at 2:30 P. M., with a paper by Dr. H. C. Allen, Chicago, on—

THE CAUSE AND CURE OF INSANITY.

The paper of Dr. Stow was so axiomatic, so truthful in details, that there seemed nothing to discuss, and the president called for the next paper, by Prof. H. C. Allen, Chicago. Dr. Allen prefaced his paper, by saying that very little of it was original but was principally "cribbed from Hahnemann's Organon."

This is an attempt to call attention to Hahnemann's theory of chronic disease, that nearly every case of insanity occurs in persons suffering from constitutional dyscrasia of some kind—psoric, syphilitic or tubercular—and that there is an intimate relation between mental and bodily diseases. In fact Hahnemann claims

that they are almost interchangeable, that as the mental or emotional disease, no matter what form it assumes, increases the physical disease decreases; that the body becomes affected first and then the mind and as the mental disease disappears, as the mind clears up the disease again returns to its original physical condition; that few patients discharged from our insane asylums are really cured because the physical disease has not been included in the anamnesis and the patient not cured of his original affection. Great progress can be made in the prevention and cure of insanity by following the advice of Hahnemann so graphically laid down in the *Organon*. Here is a field for the homeopathic alienist that if cultivated will yield a bountiful harvest.

The alienist of other schools is delving into the pathology of the cell to establish "the toxic basis" of insanity, to verify the claim that diseases of the mind are caused by poisons in the body, thus making the science of the cell the basis of their study of neural diseases and verifying the scientific position of Hahnemann a century ago. It is only another instance of "the stone which the builders rejected," the theory of chronic diseases, becoming the head of the corner, thus demonstrating the impregnable position of our science. It pays to thoroughly comprehend similia in all its height and depth and breadth before running after false Gods. Here is the latest:

"The Pathological Institute of the New York State commission in lunacy seems most fortunate in having secured for a director Dr. Ira Van Gieson, a leading scientist, and one of the foremost histologists of the country. The theory he advances, and which he seems well able to prove, he calls "the toxic basis of neural diseases." He believes that insanity and a large proportion of diseases of the mind are caused by poisons in the body. There is no questioning the fact that poisons which have not been carried out of the system at the proper time attack the other organs, and Dr. Van Gieson has no doubt that they also affect the brain, which is connected with the rest of the system by thousands of nerves, veins and arteries. He has every facility for making investigations. For some years the "science of the cell" has been studied, and this branch of science is known as cytology. In the

old methods of examination cells were placed under a microscope and their exteriors only examined. Hence no discoveries were made, as no change was perceptible in the most advanced stages of disease. Recently it occurred to some European scientist to delicately cut open a cell and study its interior. Then it appeared that cytology had great possibilities. Dr. Van Gieson is finding that in different stages of brain disease the interiors of the cell show marked changes. He believes that most of the processes of all diseases are due to toxic substances in some form or other. He says: "The brain is involved, like any other organ of the body, in these general toxic or somatic diseases, and many of the insanities (excluding those of psychic origin) are but the expression of the later disturbance of the functions of the brain dependent upon changes in the nerve cells produced by the action of toxic substances.

WHAT HAHNEMANN HAS TO SAY.

The creator of therapeutic agents had also had particular regard to this main feature of all diseases, the altered state of the disposition and mind, for there is no powerful medicinal substance in the world which does not very notably alter the state of the disposition and mind in the healthy individual who tests it, and every medicine does so in a different manner.

ORGANON: SECTION 213.

We shall, therefore, never be able to cure conformably to nature, that is to say, homeopathically, if we do not, in every case of disease, even in such as are acute, observe, along with the other symptoms, those relating to the changes in the state of the mind and disposition, and if we do not select, for the patient's relief, from among the medicines a disease-force, which, in addition to the similarity of its other symptoms to those of the disease, is also capable of producing a similar state of the disposition and mind.

Thus Aconite will seldom or *never* effect either a rapid or permanent cure in a patient of a quiet, calm, equable disposition, and just as little

will *Nux vomica* be serviceable where the disposition is mild and phlegmatic, *Pulsatilla* where it is happy, gay and obstinate, or *Ignatia* where it is imperturable and disposed neither to be frightened nor vexed.

SECTION 214.

The instructions I have given relative to the cure of mental diseases may be confined to a very few remarks, as they are to be cured in the same way as all other diseases, namely, by a remedy which shows by the symptoms it causes in the body and mind of a healthy individual, a power of producing a morbid state as similar as possible to the case of disease before us, and in no other way can they be cured.

SECTION 215.

Almost all the so-called mental and emotional diseases are nothing more than bodily diseases in which the symptom of derangement of the mind and disposition peculiar to each of them is increased, whilst the bodily symptoms decline (more or less rapidly), till it at length attains the most striking one-sidedness, almost as though it were a local disease in the invisible subtle organ of the mind or disposition.

SECTION 216.

The cases are not rare in which a so-called bodily disease that threatens to be fatal, a suppuration of the lungs, or the deterioration of some other important viscus, or some other disease of acute character, *e. g.*, in childbed, etc., becomes transformed into insanity, into a kind of melancholia or into mania by a rapid increase of the psychical symptoms that were previously present, whereupon the bodily symptoms lose all their danger; these latter improve to almost perfect health, or rather they decrease to such a degree that their obscured presence can only be detected by the observation of a physician gifted with perseverance and penetration. In this manner they become transformed into a one-sided, and, as it were, a local disease, in which the symptom of the mental disturbance, which was at first but slight, increases

so as to be the chief symptom, and in a great measure occupies the place of the other (bodily) symptoms, whose intensity it subdues in a palliative manner, so that, in short, the affections of the grosser bodily organs become, as it were, transferred and conducted to the almost spiritual, mental and emotional organs, which the anatomist has never yet and never will reach with his scalpel.

SECTION 217.

In these diseases we must be very careful to make ourselves acquainted with the whole of the phenomena, both those belonging to the bodily symptoms, and also, and indeed particularly, those appertaining to the accurate apprehension of the precise character of the chief symptom, of the peculiar and always predominating state of the mind and disposition, in order to discover, for the purpose of extinguishing the entire disease, among the remedies whose pure effects are known, a homeopathic medicinal pathogenetic—that is to say, a remedy which in its list of symptoms displays, with the greatest possible similarity, not only the bodily morbid symptoms present in the case of disease before us, but also especially this mental and emotional state.

SECTION 218.

To this collection of symptoms belongs in the first place the accurate description of all the phenomena of the previous so-called bodily disease, before it degenerated into a one-sided increase of the psychical symptom, and became a disease of the mind and disposition. This may be learned from the report of the patient's friends.

SECTION 219.

A comparison of these previous symptoms of the bodily disease, with the traces of them that still remain, though they have become less perceptible (but which even now sometimes become prominent, when a lucid interval and a transient alleviation of the psychical disease occurs), will serve to prove them to be still present, though obscured.

SECTION 220.

By adding to this the state of the mind and disposition accurately observed by the patient's friends and by the physician himself, we have thus constructed the complete picture of the disease, for which, in order to effect the homeopathic cure of the disease, a medicine capable of producing strikingly similar symptoms, and especially an analogous disorder of the mind, must be sought for among the antipsoric remedies, if the psychical disease has already lasted some time.

SECTION 221.

If, however, insanity or mania (caused by fright, vexation, the abuse of spirituous liquors, etc.) has suddenly broken out as an acute disease in the patient's ordinary calm state, although it almost always arises from internal psora, like a flame bursting forth from it, yet when it occurs in this acute manner it should not be immediately treated with antipsorics, but in the first place with remedies indicated for it out of the other class of proved medicaments (e. g., Aconite, Belladonna, Stramonium, Hyoscyamus, Melilotus, etc.) in highly potentized, minute, homeopathic doses, in order to subdue it so far that the psora shall for the time revert to its former latent state, wherein the patient appears as if quite well.

SECTION 222.

But such a patient, who has recovered from an acute mental or emotional disease by the use of these non-antipsoric medicines, should never be regarded as cured; on the contrary, no time should be lost in attempting to free him completely, by means of a prolonged antipsoric treatment, from the chronic miasm of the psora, which, it is true, has now become once more latent, but is quite ready to break out anew; if this be done there is no fear of another similar attack if he attend faithfully to the diet and regimen prescribed for him.

It very rarely happens that a mental or emotional disease of long stand-

ing ceases spontaneously (for the internal dyscrasia transfers itself again to the grosser bodily organs); such are the few cases met with now and then, where a former inmate of a madhouse has been dismissed apparently recovered. Hitherto, moreover, all madhouses have continued to be choke full, so that the multitude of other insane persons who seek for admission into such institutions could scarcely find room in them unless some of the insane in the house died. *Not one is ever really and permanently cured in them!* A convincing proof, among many others, of the complete nullity of the non-healing art hitherto practised, which has been ridiculously honored by allopathic ostentation with the title of *rational medicine*. How often, on the other hand, has not the true healing art, genuine, pure Homeopathy, been able to restore such unfortunate beings to the possession of their mental and bodily health, and to give them back again to their delighted friends and to the world.

SECTION 223.

But if the antipsoric treatment be omitted, then we may almost assuredly expect, from a much slighter cause than brought on the first attack of the insanity, the speedy occurrence of a new and more lasting and severe fit, during which the psora usually develops itself completely, and passes into either a periodic or continued mental derangement, which is then more difficult to be cured by antipsorics.

A CASE AND ITS LESSON.

Mr. A. F., about 25, came under my notice six or eight years ago, when he suffered from an acute attack from over-mental exertion. After private treatment for some time he was sent for rest and restraint to a sanitarium, from which he was dismissed cured in a few weeks.

In a year or two a similar outbreak from a similar cause produced a relapse, and again after a few months in Fergus Falls Sanitarium he recovered. In June, 1900, I received a telegram to meet him at the Northwestern depot prepared to take charge of him, as he was suffering from another attack. I took him to a private hospital near my residence, where I could have personal charge of him. He was given a room and put in bed, his clothes being put in a closet in an adjoining room across the hall; a nurse occupied a cot in his room, and another nurse a cot

in the hall beside the door of his room. I took this precaution, as I had been informed that his only desire was to escape, and I saw that while he lay in bed, apparently quiet and passive, with his arm thrown carelessly over his face, he watched every movement of the nurse with the sly cunning of one only waiting an opportunity to escape. He feigned sleep, the nurses slept, and then in some way he obtained his hidden clothes, except his shoes, dressed and departed. He was hidden under the front porch of an adjoining house for two days while police and friends searched the city. He was then taken to Garfield Park Sanitarium, where he was put in a room with a night and day nurse, but eventually became so violent that he was put in a jacket and strapped to the bed.

I prescribed for him to the best of my ability, selecting the remedy from the symptoms of the mental derangement from the remedies for acute mania, such as Aconite, Belladonna, Hyoscyamus, Melilotus, etc., with very indifferent results. Finally I did what I should have done much sooner, took the dyscrasia and previous acute attack of so-called la grippe into consideration, and from the mental symptoms, chiefly based on the diathesis and previous relapses, when partially cured, gave Tuberculinum in various potencies with complete recovery.

Section 73, of the Organon—As to acute diseases, they may be classed under two distinct heads. They first attack single individuals and arise from some pernicious exciting cause to which they have been exposed. Errors in diet, either excess in eating or drinking, or a want of proper food, severe physical impressions, extremes of cold or heat, fatigue, dissipation, strains, etc., psychical irritations, severe mental emotions, are the most frequent cause. But in reality they are generally only a transitory outburst, an explosion of a latent psoric affection, which returns to its former dormant state when the acute affection is not too violent, or when it has been promptly cured.

GENERAL DISCUSSION.

Dr. Biegler thought Dr. Allen's one of the best papers he had ever heard. One of the thoughts that had occurred to him dur-

ing the reading of the paper was the frequency of suicides as a result of the treatment of la grippe by quinine. He cited an illustration—a man, a writer, in profound melancholia, who seemed physically in perfect health. Before the mental condition he had suffered for many seasons with attacks of hay fever and la grippe, which had been treated by the old school men with quinine. The mental condition had followed, and during the last two years he had been free from hay fever.

Dr. Allen believed that these cases of sporadic la grippe were but the outbursts of the psoric or tuberculous diathesis. He said when a case of la grippe did not yield to the carefully selected remedy, Bryonia generally, in a day or two, he waited no longer, but at once gave Tuberculinum in solution, in frequent doses, usually with prompt and gratifying results.

Dr. Graham said that he only heard such accurate discussions of the means of cure by the careful observers of the Central Society; that it was a help and pleasure to him. He said he was grateful to Dr. Allen for his visit and his own opportunity to hear the discussions.

Dr. Hussey thought, during Dr. Allen's discussion, of how much the efficacy of the remedy depended upon the skill of the prescriber. He had attended many societies. It was but two weeks since he listened to an essay upon appendicitis and another of auto-toxemia, but in neither was there a word concerning the cure of the dyscrasia; and when Dr. Hussey remarked that he had "had twenty-five years' experience with appendicitis without a death" there was a raising of eye-brows, and he was told that it was a streak of luck, and his turn would come.

He mentioned a certain region in Buffalo from which every little while would come a case of recurrent quinsy to be cured.

Dr. Biegler, recurring to his case of melancholia, said that the first manifestations were of poverty; the patient feared to burn gas, or coal, to use water, or to eat enough. It was "Oh, dear! oh, dear!" all of the time. He would see no one. The doctor said that these were all better, but he did not think he had reached the underlying cause; he believed the patient now needed Tuberculinum.

Dr. Hoard said Dr. Allen's case of la grippe reminded him of a case in which organic trouble of abdominal organs seemed imminent, if not begun. Phosphorus had frequently >, but preceding an attack of la grippe a study of the symptoms had pointed to Ammonium carbonicum, but had not been given. When the attack of the la grippe came every symptom pointed to it, and it cured the entire condition, which was of several years' standing.

Dr. Grant asked Dr. Allen if many mental conditions were not the result of the use of the various coal tar products.

Dr. Allen assented, and said that he considered their use most pernicious.

Further report of this excellent meeting will appear in the September MEDICAL ADVANCE. It embraces a paper on "Three Cases Based on Tuberculosis," by J. K. Tretton, M. D., Rochester; "Some of the Needs of Homeopathy," by Dr. G. M. Thompson, with discussion thereupon; resolutions upon the death of Dr. Carl Schumacher and miscellaneous business.

SCLEROSIS.—An internal and to a large extent invisible cause and accompaniment of the increasing stiffness of old age is sclerosis of the arteries and other tissues; it consists essentially of a thickening of the arterial walls by a slow and gradual deposition of an adventitious substance in their tissues. This adventitious material is in the form of fibres, without function, relatively poorly nourished, of low resistive power, prone to fatty and calcareous degeneration, lessening the lumen of the tubes, and increasing the friction and the resistance to the blood and other currents which are to pass through them as long as life lasts.

When this condition is general or diffuse; when it comes late in life it is natural, and those affected with it and without other disease die, when they do die, of old age; they simply cease living without suffering or local disease, the end coming like the "wonderful one-hoss shay." On the other hand, when it appears early in life, or when local, affecting some particular organ or organs, so as to injure their function, it constitutes an abnormal condition.
—*J. B. S. King, M. D.*

Correspondence.

Interesting Letter from Japan.

32 Kawaguchi, Osaka, Japan, May 7, 1903.

My Dear Dr. Farrington—In reply to your inquiry as to the status of Homeopathy in Japan, I am sorry to report that it has no status—it is an unheard of thing. I have made no inquiry of officials as to whether a homeopathist could obtain a license here, but am under the impression that he could. I have been told by Japanese physicians that the law is that graduates of reputable medical colleges of America, England or Germany can obtain licenses without examination. But I do not know whether homeopathic colleges are considered reputable! I am told by lay people that a homeopathic woman-doctor has tried for years to obtain a license, but cannot do so. This difficulty would probably exist for a woman-doctor of either school.

Medical science here is quite up-to-date from an old school point of view, with the possible exception that the dosage seems to be even heavier than at home. The methods are just as crude—if there is a pathological growth it is cut off! If the tonsils are enlarged they are burned out, etc., etc. The doctors, of course, have no idea of treating the patient, but treat only the disease.

So far as I can learn, the Japanese physicians are very good and reliable as long as everything goes as it is described in the books; but when any complication arises they lose their heads and do not know what to do. Neither do they know when to expect a complication, and of course cannot treat it before it arises, as American physicians would do. This arises largely, I believe, from the fact that the Japanese have very little originality. They are the best imitators I have ever known, but if anything should occur to throw them out of their beaten paths they are lost. This

is shown in many things beside medicine; in the management of a railroad, for instance, the trains are well managed and well run. But should an accident of any kind occur the officials will do the silliest things imaginable in trying to rectify matters. And they do these things with the best intentions in the world, and with so much apparent politeness and care for the comfort of the passengers that it is impossible not to be pleased with them. It requires, by the way, an average of about five men to do the railway work here that would be accomplished by one at home.

The people are cleanly in the extreme in their persons, bathing very often and very thoroughly, in water at a temperature that would almost scald a person unaccustomed to it. In many of the country districts, and in many hot springs of the country, men, women and children bathe together without any clothing, and apparently and supposedly think nothing of it. It is against the law now for the different sexes to bathe together, but this law is not rigidly enforced. However, this is a digression.

The masses have practically no idea of drainage. Their persons are clean, and their houses clean, but the finest house in the neighborhood will almost invariably have the same kind of gutter in front of the house, filled with stagnant filth, that the poorest hovel has. They depend upon surface drainage in all except a few of the largest cities, and do not give these drains enough slope nor water enough to carry away the sewage. The drains are on each side of the street, within a foot or two of the walls of the house. As these walls are almost always taken down, or slid to one side in the day time, the odors and gases from these ditches penetrate the whole house. It is a wonder to me that the people do not die in much greater numbers than they do.

Indigestion and catarrh are almost universal complaints among the Japanese. They eat very rapidly, even their rice, which is the most important article of diet, and that fact alone would account for the very frequent eructations which one hears when travelling with the people. Consumption and kakke, or beri-beri, are the most common of the most serious diseases. The people, especially the women, age very rapidly, and they give the impression of being a short-lived race. Some of the hospitals are

quite finely constructed and are modeled after the most perfect ideal of a hospital. They are almost invariably one-story, with many windows and spacious corridors. There are only a few government hospitals, but many private ones. These latter are very profitable investments, I understand, for in several that I have visited they were either enlarging or preparing to enlarge their plants, apparently from the profits of the old plants. The same regard for personal and disregard for external cleanliness runs through their attempts at asepsis that we see in their ordinary lives. The surgeons are required to take a hot bath and change all their clothes before an operation, but the operating tables are wooden and not very clean, and the nurses who attend the patients have dirty dresses on. I do not know how successful they are in their operations.

One good thing I noticed in the government hospitals which we would do well to copy. In connection with each free ward there are one or more excellent private rooms for patients who are dangerously ill and for whom quiet and isolation are necessary. I have no doubt this is the means of saving many lives.

It has been a matter of surprise to me to learn of so many of the foreign residents here, particularly the missionaries, who were homeopathsists at home, who have allopathy because they cannot get anything else. It has been a great pleasure to me to help a few of these people while I have been here; of course without pay, as I have no license to practice in Japan. A good homeopathic physician would have a large field of usefulness here if he could obtain a license.

This giving up of the chosen school of medicine among so many of the missionaries is only one sample of the untold things given up by them on coming to the foreign fields and so little realized and appreciated in the home land.

I have covered in a superficial way a few of the points which I think may interest your readers, but of course this letter is neither exhaustive nor authoritative. It contains impressions only.

Yours sincerely,

CLYDE EDWIN BARTON.

Homeopathy at the Bar in Sweden.

The following interesting letter from Sweden is supplementary to the one from Dr. Axell in the June MEDICAL ADVANCE. It tells a tale of prosecution, persecution, victory and bedside success of the most gratifying character. Every effort of this nature to defeat the truth but helps the cause along. May the completest success attend the courageous effort of Dr. Axell to firmly implant the banner of similia in his native land will be the wish of every reader of the ADVANCE.—ED.

Helgum, Sweden, June 11, 1903.

Dear Doctor Allen—Both Dr. Axell and undersigned are grateful for your good wishes and words of cheer. I shall now tell the result of his trial. Dr. Axell was fined kr. 12.50 (three dollars and fifty cents) for illegal physician practice and four dollars for illegal business, having forgotten to obtain a certificate of business. The last he has secured, so he has the right to sell homeopathic sugar pellets now. Homeopathy is not recognized in Sweden, yet it cannot be judged by the quack law since the definition of a quack is "one who sells poisonous materials," which only the druggists are allowed to sell on doctor's prescription. An American doctor degree is not recognized in Sweden, hence his diploma is of no use. He is called a humbug, fraud and quack, even in the papers, but we let facts speak, and they speak a stubborn language. Papers, doctors, druggists, all have decried Homeopathy as the blackest humbug; but the very judges and legal accusers have come for help, and have been helped. At the court the druggist, our main accuser, played entirely into our hands, and by his distorted account of our practice gave me an opportunity of telling what Homeopathy was, which I succeeded so well in doing that even the judge acknowledged his sympathy with Homeopathy, and that evening and the day following all the "high-toned" people in that place were applying for homeopathic help and the doctors were wild.

Out of the twelve jury men, nine had sought Dr. Axell, and seven were perfectly cured. The "lensmand" (the Commissioner

of Police) who always have to be our legal accusers whether they like it or not) passed the resolution that the only reason for summoning us was the greed and jealousy of the doctors. Since October last we have received over 7,000 new patients.

The matter now stands thus: There is no paragraph in the Swedish law preventing our practice, and since Dr. Axell has the business certificates and therefore has the right to sell at his own price sugar pellets to those who want to buy, the practice can not be stopped. Yesterday we were both again summoned, and the result is not known; but a very able jurist has promised to win the case before the Supreme Court or take no pay. The judge was very, very kind, and even refused several times to listen to the public accuser.

I called the judge's attention to the absurdity of judging Homeopathy by a law of the 17th century (1688), and everyone, except the druggist, felt the same way. Thus stands matters.

Dr. Axell's practice is not "doctor practice" (as he does not use poisonous anointments or spoils people's health by dangerous drugs); it is not infringements of druggist privilege, since he sells no substances defined as apothecary's stuff; and hence it is only an innocent business with pills containing "an occult dynamic power" which restores health. Finally, should he be declared guilty, the only consequences are a fine of \$3.50 at each "ting," and there are five tings a year. This is the worst that can happen.

The public accuser charged us with allowing ourselves to be called "doctors;" but I retorted that this was an honorary epithet given us by the public, because they know that we could cure while the other doctors could only make them worse. And the audience smiled.

We are writing educational pamphlets, and if no law is passed recognizing Homeopathy and its pills as having "therapeutic value" it at least cannot be stopped in Sweden. This law will not be passed, because, in admitting that these pills have "therapeutic value," the doctors must turn homeopaths themselves, having in that case to choose between, in their estimation, two systems both of therapeutic value, the one harmless even if wrongly prescribed,

the other wrought with dangers even if rightly prescribed. Here would be no choice. To do this would be to acknowledge their previous errors, and only very few noble men can do that, never men who resort to columniations and blackmailing. Therefore there is no way to stop the car of victory.

We should like very much both Key-Notes and Characteristics and "Therapeutics of Fevers" if you will be kind enough to send them. Which would you recommend, Hering's Guiding Symptoms or Allen's Encyclopedia of Pure Materia Medica?

Dr. Tomhagen has promised to stay with us during August and we look forward with anticipation and pleasure.

Yours faithfully,

HARRY HOLST.

Sero-Homeopaths Editorial Approved.

Columbus, Ohio, July 11, 1903.

Editor MEDICAL ADVANCE.

I appreciate very much your editorial on page 295 of your June issue, "A Hint for Sero-Homeopaths." I really wish the homeopathic profession would take your advice in this matter and cease to make themselves ridiculous by following after the regular school in these vague speculations. All homeopaths, if they did but know it, have a clear and definite road to follow—to practice medicine strictly according to the law of *similia similibus curantur*, using only real homeopathic remedies. This is their road. There is no other. If they do not do this they ought to quit calling themselves homeopaths and not degrade and obstruct the homeopathic profession by a mongrel practice. Real homeopathic physicians are needed in every town and city. I have been told by one of our leading surgeons that in this city of 150,000 there is only one genuine homeopathic physician. There are twenty-five or thirty who pretend to practice Homeopathy, but only one who strictly lives up to the teachings of Homeopathy, and does not dabble in serum-therapy, or other therapy except the therapy that is honestly derived from the teachings of Hahnemann.

I sincerely appreciate your editorial. I have made a quotation from it for my journal. I hope you may live long to bombard the pseudo-homeopaths with similar editorials.

Sincerely yours,

C. S. CARR, M. D.

The Pope's Case Bungled.

55 West 35th St., New York, July 11, 1903.

EDITOR ADVANCE:

Even as far as Rome I see they are in trouble in diagnosis, as were other wise men in Paris. Had the Pope been treated at the commencement for pleurisy his disease could have been arrested. They thought because he was old he had senile pneumonia. How weak they are! As much so as the doctors of Paris in your patient's case. I would like to hear how your patient came out of her trouble; no doubt as you predicted she would. Think of the drugs they are giving the Pope, stuffing him with food he could not digest, thereby shortening his life by their shortsightedness. With the Pope's splendid constitution, if under judicious homeopathic treatment, his life could have risen to par—100 or more. That Paris case of yours should be published in our medical journals as good work for our school. I have related it to at least a dozen friends here.

Very truly yours,

LOUIS DE T. WILDER.

In view of the fact that Formaldehyde is coming more and more into general use as a disinfectant cases of poisoning from it will become more frequent. We have an easily accessible and reliable antidote in ammonia. It may be given in the form of ammonia water (a few drops well diluted) or the aromatic spirit of Ammonium acetate.



DR. GEO. B. PECK,
PROVIDENCE, R. I.

4/0

The Medical Advance

AND

Journal of Homeopathics.

A Monthly Journal of Hahnemannian Homeopathy

When we have to do with an art whose end is the saving of human life any neglect to make ourselves thoroughly masters of it becomes a crime.—
HAHNEMANN.

Subscription - - - - Two Dollars Per Annum

The editor is responsible for the dignity and courtesy of the magazine, but not for the opinions of contributors.

The Advance does not send sample copies unless asked for, and has no free list. It is published for the medical profession in the interests of a purer homeopathy, of scientific therapeutics.

To accommodate both reader and publisher this journal will be sent until arrears are paid and it is ordered discontinued.

Contributions, Exchanges, Books for Review and all Communications should be addressed to the Editor, 5142 Washington Avenue, Chicago.

Communications regarding Subscriptions and Advertisements should be sent to Lancaster, Pa., or 5142 Washington Ave., Chicago.

AUGUST, 1903.

Mental Influence Upon Malignancy.

Organon, Section 279: "The dose of the homeopathically selected remedy can never be prepared so small that it shall not be stronger than the natural disease."

Mental shock as a cause of cancer was the subject under discussion at the meeting of the Central New York Society—see page 352, July issue—in which Dr. Grant has been misquoted, or has not fully understood the statement made. We said that mental shock—anger, grief, chagrin, mortification, financial reverses, etc.—was a common exciting cause for not only cancer but many other malignant diseases, and that in twenty-five years we had not seen a case of cancer that could not be traced to some form of mental shock. There may be many other "exciting causes," but so universal has this been in our experience that in a case of suspected malignancy we look as naturally for mental shock as an exciting cause as we now do in surgery for pollution

when pus follows an operation. There is little doubt that his chagrin, disappointment, mortification—the result of Waterloo and St. Helena—had an influence in converting functional derangements of the stomach of Napoleon into a gastric cancer; or that the mortifying effects of his financial reverses had their influence in converting a benign irritation of the throat into a malignant affection in the case of General Grant.

And in view of the almost daily occurrence of the fatal results of imponderable dynamic agents what is there about it that is strange or incomprehensible? Light and heat are dynamic agents, entirely destitute of weight, and yet fatal sunstrokes are very common, and we do not even stop to ask how they act. Crude Phosphorus is rendered useless by light, and we take it as a matter of fact as one of the unexplained mysteries of the chemical laboratory. A mother during a fit of anger nurses her babe and the child is soon in convulsions. We do not doubt the effect of mental shock, nor do we attempt to weigh or measure the dose of anger. Fatal effects of fright are of daily occurrence, and when we attempt to cover the symptom-totality we should never overlook the mental factor, for very often the unseen is the real.

Differences of Opinion.

It is, perhaps, the harmony that prevails among the homeopathic profession to which we may point as the factor of its growth and dissemination among the laity. The uncertainty of other methods of practice brings forcibly to our minds the famous expression of Lincoln, at the Freeport debate, when he expressed the idea that "A house divided against itself cannot stand." While in Homeopathy there may be a difference of opinion over matters of importance, yet the law stands the same today as when Hahnemann promulgated it, and we all stand for the law.

Several of these differences of opinion interests us, first and foremost the potency question. We have practitioners today giving remedies from the second and third potencies up to the millionth and higher. To say that the very high potency users are extremists would hardly be borne out by the excellent results that

have been achieved by them, particularly in chronic cases. There is success in the remedy when properly administered, no matter how powerful it may be, either from a physiological or dynamic standpoint. Each of us is architect of our own success, and we give the power that has best proven our needs.

It would be best, perhaps, were we to stand or agree upon a happy medium. But this seems hardly possible. Hence it behooves us to set up our own standards and then criticise those who do not adopt our methods, or do as well.

We all agree upon the power of the potency upon a dynamic plane. We agree that potency means power. We agree that the dynamic or vital force is beyond human comprehension, and it is not absurd to think of putting our remedies upon as near a level with the workings of the body as it is possible for us to do.

Hence it behooves us to be charitable and be good observers. And from observation we must gain experience that will help us shape our future course. While we do not necessarily need courage for conviction we should at least use charity.

The dose question again becomes a stumbling block to many, but to appreciate and intelligently apply this we must know and recognize the meaning of the word. It does not mean the number of powders taken, nor the repetition, but unmistakably the impression made upon the vitality. To make this impression it may become necessary to give a powder every hour for a day, or a single one on the tongue. We look for the impression and then cease. The vitality has been awakened, and we feel that we have accomplished our end. Thus the "impression" becomes the dose, and not the quantity of medicine given. Viewed from this standpoint it is apparent that a disputed point is brought to a clear understanding, and we have a working basis that is as unerring as the law of cure itself.

As to the alternation of remedies, experience alone can give one a working basis. It is evident that the body should take action upon but one impression at a time; and when several agents are given we are unable to say where the vitality drops one and takes up another.

Were we treating disease it would seem natural that one organ

should have one remedy and another a different one. But when the patient himself is acted upon by a remedy each diseased structure is cared for under constitutional treatment, and the patient is considered and prescribed for, rather than the disease.

J. T. K.

Choose Whom Ye Will Serve.

THE CAUSE OF TUBERCULOSIS.

Dr. J. W. McLaughlin in the *Medical Age* asserts that:

"The bacillus tuberculosis of Koch is the one essential etiological factor in the production of tuberculosis in man. Inherited predisposition or tendencies, vulnerability of the tissue soil, catarrhal inflammations, simple or infectious, of the respiratory passages, and non-tuberculosis adenitis are important contributory causes of tuberculosis, but neither one of these factors nor all combined are capable alone of producing the disease; the germ, the tubercle bacillus, is absolutely essential to the development and growth of tubercle, and it is as impossible for the disease to develop without its germ as it is for an oak tree to spring from the soil without its seed, the acorn."

This materialistic pathology of the tuberculous process is held by the majority of the dominant school. But the advanced thinkers, the investigators, are now looking beyond it.

Dr. George Gould, editor of *American Medicine*, holds the opposite view:

"Believing as I do that with proper hygienic living, especially in youth, with right lung expansion and development, no person need have pulmonary disease, I must express my conviction that had Koch succeeded in discovering a cure for tuberculosis he would have harmed the human race more than all diseases combined. Had tuberculin possessed the power he fondly and foolishly hoped to find the race would quickly have degenerated into appalling weakness and morbidity. For, of course, the lungless would have bred the coming race, and in perfect oxygenation of the blood would have not alone chests contracted, but every other organ and function of the body, not the least those powers we call mental and psychic. What a multitude of other diseases are also directly or indirectly traceable to the same source. It is not the comma-bacillus we need to kill, but the nidus it finds in poor lungs. Nature is under the necessity of sacrificing both lungs and their pitiable possessors. Civilization can only cure

and prevent the disease by undoing the evil of non-ventilation, overcrowding, indoor life, and non-exercise and by exercise and active labor developing the vitality and strength which successfully resist the tuberculous bacilli now and always in all our lungs, and preventing them from becoming pathogenic." * * *

The teaching of these able men, each a leader in his respective field, is diametrically opposed. Yet what homeopath with any experience in the treatment of tubercular affections can hesitate a moment as to which view of the "cause" is nearest the truth. The therapeutics of this dyscrasia does not depend upon a theory of the cause, for as Dr. Gould puts it: "It is not the comma-bacillus we need to kill," but the patient and the constitutional dyscrasia we need to cure, and in doing this we seek the aid of the most enlightened and scientific hygiene in removing the cause.

Indiana Institute of Homeopathy.

The thirty-seventh annual session of the Indiana Institute of Homeopathy was the best attended and one of the best meetings ever held by that body. Of the thirty papers on the program, twenty-five were read and discussed and two others were on hand, though passed for want of time.

A sumptuous banquet was served Tuesday evening at the elegant Columbia Club, and about one hundred covers were laid, free to members and their wives and to visiting physicians. There was music by a harpist and male quartette. Toasts were proposed and responded to and a very enjoyable evening spent.

The officers elected for 1904 are as follows: President, Dr. H. H. Baker, Muncie, Ind.; First Vice-President, Dr. W. B. Huron, Tipton, Ind.; Second Vice-President, Dr. D. R. Saunders, North Vernon, Ind.; Secretary, Dr. Samuel Harrell, Noblesville, Ind.; Treasurer, Dr. H. Alden Adams, Indianapolis, Ind.; Censors, Dr.

Carrie B. Banning, Fort Wayne, Ind.; Dr. D. W. Weaver, Greensburg, Ind.; Dr. C. R. Armstrong, Thorntown, Ind.; Dr. E. D. Bergen, Frankfort, Ind.; Dr. E. F. Larkin, Franklin, Ind.

The following good resolution was passed unanimously:

“Resolved, That the Indiana Institute of Homeopathy hereby express its unqualified condemnation of the practice of any pharmacy preparing and putting on the market special home treatments or condition tablets.”

Skinner's C. M. Potencies.

Dr. D. Dyce Brown figured out the precise degree of this dilution made according to the process of Skinner, and found it to equal about the 12th dilution of Hahnemann. This was subsequently verified. “They act,” they say. Who will deny that the 12th potency acts?—*Medical Century*.

The large majority of the homeopathic profession “will deny that the 12th potency acts” if asked to verify it on their personal experience, for the potencies of Hahnemann were all made on the centesimal scale, and they have not used them. Besides has not the American Institute fixed the limit of medicinal action at the 12th decimal, where the drug in certain cases can be detected by the microscope? And, further, the entire allopathic and eclectic professions will promptly and unanimously deny it. But Dr. D. Dyce Brown, Dr. J. Y. Simpson and Dr. Wm. E. Quine are all working on the same mathematical problem, the same question of physics, where the latter claims the 30th centesimal cannot be made for lack of material. See illustration on page 9 of our January issue.

But this is begging the question. It was not the amount of the drug Hahnemann was in search of, but its dynamic power, its curative force. In fact, Hahnemann was in search of some practical method of eliminating the crude drug, while Dr. Brown is trying to return to its use. Try the 30th and Skinner's cm. and publish the failures. Disease is dynamic; no one has ever seen it, and for this reason we must have a similar dynamic curative force.

The Homeopathy that Should be Taught.

In the *North American Journal* for April A. R. Carmichael, A. M., discusses the teaching as a primary requisite to the support of the homeopathic college and the student, in whom rests all hope of success of the New School as a distinct body. "The law of similia, which is the controlling influence of our school, has possibilities limited only by the knowledge of those who represent it." As a system of therapeutics all will agree that its imperfections are mainly in the application of the law, not in the law itself. This system of therapeutics is not one of guesswork or empiricism, but of exact and positive details, and unless these are mastered failure is the result. The doctor thinks that the most important factor in the success of teaching lies in the demonstration of the value of our system above all others, not only by four years of didactic instruction, but also by clinical evidence as well. In other words, the graduate requires more than theory. But who should we rely on to teach homeopathic therapeutics? Should we intrust this important work to those who are pessimistic about the future of Homeopathy, who believe in the use of an allopathic prescription to tide over an emergency, who openly advocate and practice allopathy in its most dangerous and offensive form? "It is well known that in our faculties many such are to be found." A teacher's Homeopathy should be the first consideration, all other qualities secondary. We cannot profess one thing and teach another without sacrificing our principles. "If students come to us for Homeopathy it is their right that they should receive it in its purity without any apologies." Materia medica and therapeutics should be left entirely to one chair, which would cover the entire range of disease conditions. The methods required for the study and choice of remedies for all diseased conditions are identical. Such an arrangement would avoid the conflicting theories usually given by the various chairs and tend to strengthen rather than shatter the student's faith. Dr. Carmichael believes that the school of the future will be based on the law of similars, but that a reproving of our drugs is absolutely necessary, not according to "crude methods of Hahnemann,"

but positive details from every standpoint must be insured by chemistry, the X-ray, the blood-tests, etc. Work of this character would command the respect and confidence of the "regular," and of scientific men of every class.

To place Homeopathy on such a basis would be very well and good, and undoubtedly would appeal to the unbelieving materialist, but is it possible to do so? Leave out subjective symptoms, which are obtainable only by "the crude methods of Hahnemann," and you omit the most indispensable of the "exact and positive details."

COMMENT AND CRITICISM.

Testimony and Suggestions from a Layman.

OFFICE OF HELPS IN FINDING THE BRIGHT SIDE OF LIFE.

Worcester, Mass., Feb. 9, 1903.

EDITOR ADVANCE:

You will be glad to know that my work as a helper of people in perplexity is widening and deepening and becoming more and more a source of gladness. My studies of Homeopathy progress rather slowly, but I cannot tell you what an inestimable comfort they have been to me, and how pleasant it is to see how many other lives I have been able to brighten by relieving very markedly some depressing chronic ailment, which I have chanced to understand, with the help of your wonderful science. I should like very much to get a dictionary of *Materia Medica* that shall be as complete as possible, and I wish to get one of the very best. Am I right in thinking that John H. Clarke's, published in three volumes in London, is the best, or is there some other that is still better, or just as good? I am sure you will pardon my troubling you with this question, and while I am writing may I make just one other suggestion: Would it not be possible to get from some of your best prescribers postal card responses in regard to a few important questions which often perplex beginners, and also those who

have been brought up to slouchy methods of prescribing? Some of the questions which I, for one, should be greatly pleased to see answered by some of your best prescribers are these:

First:—How are we to tell whether, in a given case, the 200th, the 1000th, the 5000th or the 100,000th is the safest potency to try?

Second:—In a puzzling case where the patient is somewhat restless and afraid that he is not improving as fast as he might, how are you to tell when it would be allowable to repeat the medicine, or to give some other?

Third:—Is there ever any occasion to be alarmed at the medicinal aggravations which medicines occasionally produce, and are there any tricks of the trade by which these medicinal aggravations can be minimized.

Fourth:—Is it true that in cases of tuberculosis Sulphur sometimes works disastrously, and yet is in other cases just the best remedy? If so, how is a physician to know when to use it and when not to use it, since the indications on which Sulphur is generally given are so vague, the absence of symptoms being often given as an indication for trying Sulphur "to clear up the case."

It has occurred to me that if in each number of the MEDICAL ADVANCE you could have eight or ten answers, very brief, to some one of these and other similar questions, young practitioners would greatly welcome the articles.

I want to tell you how much I have enjoyed the monthly visits of the ADVANCE during the past year, and I am glad to see that you have been relieved of the burdensome task of proof-reading, the absence of which was comically shown by letters upside down and the like in some of your recent numbers; for proof-reading, like prescribing, is a matter which cannot be done even by the smartest of men without previous experience.

May I also suggest that I believe many of your younger readers who have not been properly trained in the spirit of Hahnemann's best methods would be much helped by a series of articles giving Hahnemann's latest and best thought, SO FAR AS CONFIRMED BY EXPERIENCE, without any reference to Hahnemann himself or

to his works, because I have found that even within the ranks of the homeopathsists themselves there are many people who take it for granted that because Hahnemann lived one hundred years ago his opinions must necessarily on most points be very defective, so that the only way to reach them is to quietly give Hahnemann the credit in your own mind and among your intimate friends, but in writing for the general public to sometimes borrow his opinions without using his words or his name.

I certainly hope that you yourself or some other one of your best prescribers will be willing to undertake this feature of giving the highest and best methods of practice, simply leaving out the theoretical and more or less speculative explanations by which Hahnemann unfortunately weakened some of his best thoughts. For most men care for results confirmed by experience, and are utterly incapable of appreciating speculative explanations and generalizations.

Yours very truly,
W. H. WHEELER.

EDITORIAL REPLY.

Although formulated by a layman these are vital questions for they strike at the root of Hahnemann's system or philosophy of dynamic medicine. These are the questions which in practice are still considered subjudice by the majority of homeopathic physicians, yet there are many who have little conception of their importance and pay no attention to them in their daily routine work.

First:—There is no law of dose. Hahnemann's rule was that the strength of the vital force, the susceptibility of the patient, formed the best guide for potency. When the vitality is low at both extremes of life, the potency should be adapted to it. Yet he recommended the 30th centesimal as the best for both acute and chronic disease. The 200th was the strongest made in his time.

Second:—Repeat the remedy while the symptoms remain the same, but it is wise to change the potency with each repetition. Give another remedy when the change of symptom totality calls for it.

Third:—There is seldom any reason for alarm in ordinary medicinal aggravations. The rule being that an aggravation is evidence of a correct selection. If severe it may require an antidote. But during the closing scenes of many chronic diseases, the dose may be too strong or too often repeated so that the patient never rallies.

Fourth:—In tuberculosis and other malignant diseases Sulphur should never be given "to clear up the case." In the early stages Sulphur when clearly indicated may cure the patient; but after pus is found in the sputa Sulphur in a strong potency is a dangerous remedy, for the action may be so great that we only hasten what we are trying to prevent. We over power the vitality; the patient never rallies. This is also true of Iodine, Phosphorus, Silicea, Stannum and nearly all the metals. Let us suggest that Mr. Wheeler will find these questions more fully explained in the *Organon* than anywhere else in homeopathic literature. We commend its study.

New Publications.

A TEXT-BOOK OF MINOR SURGERY, INCLUDING BANDAGING. By Newman T. B. Nobles, M. D., Professor of Surgery, Cleveland Homeopathic Medical College; Attending Surgeon, Cleveland City Hospital; Cleveland Homeopathic Hospital; East End Hospital, and Children's Hospital. Pp. 325. Cloth, \$2.50; postage, 15 cents. Boericke & Tafel, Philadelphia and Chicago.

This is the first attempt in the homeopathic school for many years to produce a work on Minor Surgery and Bandaging, and while it is not free from objections as a homeopathic text-book, yet it furnishes but one excuse for being omitted from the catalogues of all our colleges. Had there been more asepsis and less antisepsis the work would have been more consistent, for the best antiseptic the surgical world has ever known or perhaps ever will know is the homeopathic similimum both before and after surgical operations. Several chapters are especially devoted to the details of Minor Surgical Miscellany, which embraces a variety of subjects. Special Forms of Infections is the title of another in-

teresting chapter. But the main portion of the book is devoted to Regional Minor Surgery, and this general subject is subdivided into different chapters which include Surgical Affections of the Head and Neck, The Extremities, The Thorax, The Abdomen, The Urinary System and the Rectum. The subjects in this part are described in the most minute detail, thus differing from the majority of surgical works which often neglect sufficient details to elucidate the condition and treatment.

The second part of the work is devoted to Bandaging, and the more important bandages are described and illustrated. The work is illustrated throughout with modern cuts, and the illustrations are very plain and to the point and the descriptive text explicit. But there is room for improvement for the next edition.

The weak point in the work is its attempted therapeutics. Not a hint on the homeopathic treatment of sepsis is given, a condition where many a life has been saved by the proper use of our remedial agents, both Dunham and Hering being examples.

No mention occurs of Hamamelis or Carbolic acid in contused wounds.

In punctured wounds with danger of tetanus Hypericum is not thought of. In snake bite, Iodine, the great antidote of Haynes, worth all others combined, is wanting. In dog bite, "fuming Nitric or Carbolic acid should be used to cauterize the parts," instead of the homeopathic remedy.

For extensive burns with sloughing no mention is made of Carbolic acid.

In carbuncle, Anthracinum and Carbolic acid, more often indicated than all other remedies, are omitted from the remedial list.

Think of treating erysipelas with external applications of Carbolic acid and omitting Psorinum!

The actual cautery is recommended for anthrax but not a word of praise for Anthracinum.

For phlegmon "early incisions and free drainage" but no remedial agents for the "constitutional symptoms, prostration and tendency to sepsis," when in the entire range of surgical disease there is not one more amenable to the curative action of the similar remedy.

In the homeopathic treatment of so-called surgical diseases the work is lamentably defective. It does not compare with Gilchrist in this vital point, and the author must not complain if his work does not become a college text-book.

HAY FEVER; ITS PREVENTION AND CURE. By Perry Dickie, M. D., author of "Uricacidemia; Its Causes, Effects and Treatment." Pp., 173. Cloth, \$1.00; postage, 6 cents. Boericke & Tafel, Philadelphia and Chicago. 1903.

"Hay Fever," the subject of this monograph, has always been the bete noire of the medical profession, a change of climate or residence being practically the only attempt to make the patient comfortable. Hence when this book was announced much was expected. But, we regret to say, the great expectations have been converted into bitter disappointment by its perusal. The author claims its pathology to be "a reflex nasal neurosis," and "this class of disease is a manifestation of the toxic action of uric acid in the blood, selecting this site as possessing weaker resisting powers in these individuals." But why uric acid causes hay fever in one person and not in another he does not explain. Neither does the pollen of plants as an exciting cause explain it, for the dynamic effects of light, heat, sunshine, etc., are just as effective as the pollen of plants or dust.

The hygienic treatment here recommended leaves little to be desired; but few patients will follow our recommendations in this particular. Narcotic and nervous stimulants and an animal diet cannot be easily abandoned, even to get rid of hay fever, and it is this class of people who are the chief victims.

But the weakest part of a work presumably homeopathic is its attempted therapeutics. While he believes the disease a constitutional one yet he gives all the palliatives in vogue, even the surgical measures of the specialists and their useless local appliances but not an indication for a constitutional remedy that will eradicate the dyscrasia.

Of the thirty remedies recommended, seventeen are to be given in the tincture, and only two in the 3x potency, while no constitu-

tional remedies, Arsenic excepted, are mentioned. We advise the author to devote some time to the study of the Organon and Chronic Diseases, so as to learn how to cure Hay Fever, before he writes the second edition. If so, he will find this troublesome affection as amenable to scientific treatment as hemorrhoids or whooping cough.

"The vast army of hay fever sufferers" to whom "this little volume" is dedicated, have our sincere sympathy in their affliction, for they will receive little help from this work; their "trials and tribulations" will go on unchecked as long as their physicians follow "its teachings." It is the weakest apology for a monograph on a disease where help is so sadly needed by every homeopathic physician, that has appeared from the press of Boericke & Tafel in many years.

VACCINATION; A BLUNDER IN POISONS. By C. F. Nichols, M. D. Boston. Pp., 69. Second edition. Published by the author. 1903.

In the searchlight of statistics it would seem impossible to justify statutes of coercive vaccination. A leader of present thought and an investigator whose subtle honesty is recognized, Alfred Russell Wallace, thus prefaces "The Wonderful Century:" "Vaccination will undoubtedly rank as the greatest and most pernicious failure of the century; this conclusion is no longer a matter of opinion, but of science."

The most recent national health reports are from our army. The report of the Surgeon-General of the U. S. Army, up to June, 1901, records for the year 246 cases of small-pox with 113 deaths, a mortality of 46 per cent.! During the three years preceding there were among the recently vaccinated 705 cases of small-pox, with 220 deaths. "Yet every enlisting soldier is vaccinated at the time of being recruited, and revaccinated, not only on entering the U. S. Army, but also as often after as seems advisable to the army medical authorities. In the two years preceding June, 1900, 13,811 cases needed hospital treatment on account of vaccination." The large death rate includes conspicuously, blood-poisoning and erysipelas.

These are the opening sentences of this brochure on "A Blunder in Poisons," and it is filled with similar statistical quotations from official sources, thus making it a very conclusive document against the evils of compulsory vaccination. Whether we believe or disbelieve "The Milk-Maid's Superstition" of a century ago, we should be prepared to face and to answer such facts as are here presented by the friends of compulsory vaccination. Lister's fame rests on devising means for cleanliness to prevent septic infection in operative surgery, and one of our best known surgeons in a report of "A Year's Surgical Work" boasts of not having "a stitch abscess in eighteen months," yet surgeons, physicians and laymen recklessly inject septic matter of which they know nothing, into the healthy tissue of an innocent child to prevent a disease that may never occur, and from the effects of its use the child may never recover. It required an act of parliament in Great Britain to prevent small-pox inoculation, and it may require similar measures ere this relic of superstition and barbarism be uprooted. It will pay to read this book.

INTERNATIONAL HOMEOPATHIC MEDICAL DIRECTORY. 1903.
London: Homeopathic Publishing Company. 16mo. 117 pp.
Cloth, 2 shillings *net*. Price in the United States, including insertion of name, \$1.00.

This little Directory, now in its ninth year of publication, is a very handy and useful volume. It contains an alphabetical list of homeopathic physicians, veterinarians and chemists in Great Britain and the Colonies, together with lists of practitioners in all other parts of the world. It also contains information regarding British medical societies, hospitals, dispensaries and journals. A partial list of the homeopathic works published during 1902 has been included.

An effort should be made to make this Directory more complete. The list of physicians in the United States contains only nineteen names, and in the table of American medical journals several important publications have been omitted. Nevertheless the work is interesting and useful to practitioners on this side of the water. It should be better known.

News Notes and Items.

Dr. H. L. Prouty has removed to Kokomo, Indiana.

VERE V. HUNT, LL. D., M. D., has moved to 411 Linz Building, Dallas, Texas.

Dr. C. E. Fisher was called to Milwaukee last month surgically. Dr. Barnes assisted him and was left with the case.

Dr. Abner G. Downer, Princeton, Illinois, is another Hahne-mannian homeopath whose name appears in the ADVANCE directory with this issue.

At the recent examination of applicants for license to practice medicine held at Nashville, Tenn., thirty-one out of the one hundred and fifty-four applicants failed to pass.

Dr. H. C. Aldrich, editor of the *Minnesota Medical Magazine*, is the newly elected president of the Minnesota Institute. Congratulations are extended to both Dr. Aldrich and the Institute.

Dr. R. H. VON KOTCH, surgeon in charge of Swift & Co., and Libby, McNeill & Libby, is now located at 935 West 63d street, with office hours from 6:30 to 8 P. M. He is doing excellent work at the Yards.

Dr. William A. Quinn announces his removal to suite 701, Reliance Building, 100 State street. Hours: 9 to 12. Office 'phone—Central 379. Residence 'phone—West 1062. Practice limited to skin and venereal diseases.

Graduates of an institution of osteopathy, requiring four courses of five months each, are now eligible to practice osteopathic medicine and osteopathic surgery in New Mexico, but are precluded from using drugs or performing major surgical operations under penalty of committing a misdemeanor.

Dr. J. C. Fahnestock, Piqua, Ohio, believes in and practices the kind of Homeopathy that is sincere, and that wins out at the bedside, the kind Hahnemann and Hering believed in.

Dr. T. M. Dillingham has left New York City for the summer to escape the heat and discomforts of hot weather in town. His address until his return will be Chesham, New Hampshire.

Dr. E. S. Milford, of Wichita, Kansas, is accruing the results that seem to follow the true homeopath. His untiring efforts are justly rewarded by his growing practice, and we congratulate him.

The First Annual Report of the Sidney Homeopathic Hospital, covering only a period of six months from date of organization—July 1st to December 31st, 1902—is very encouraging. 669 patients were treated, and the outlook for a successful career is apparently assured.

Nebraska's new law provides that the said State Board of Health may, at their discretion, admit without examination legally qualified medical practitioners who hold certificates to practice medicine in any State with equal requirement to those of the State of Nebraska.

Dr. Edmund Carleton, New York's Hahnemannian surgeon, has removed his office and residence to 71 West Fiftieth street, with hours from 8 to 11 and 5 to 6. Dr. Spencer Carleton has also removed to the same number, his hours being from 11 to 12 and 4 to 5.

Dr. F. H. Lutze, 212 Keap street, Brooklyn, enjoys the ADVANCE, and desires his name enrolled in the Hahnemannian Directory. Dr. Lutze has long been a faithful practitioner of pure Homeopathy, and is the author of an excellent little brochure on Facial and Sciatic Neuralgia, published by Boericke & Tafel.

The Methodists have shown good sense and decency in having decided to exclude all quack medicine and advertising specialists'

pronunciamentos from their papers in the future. Good. Now let the homeopathic journals of the country follow suit and purge themselves of their proprietary prostitutions and they and the Methodists can shake hands.

Dr. W. C. Riddell, secretary of the Board of Medical Examiners of Montana, reports the examination held at Helena, April 7 and 8, as follows: Number of subjects examined in, 10; total number of questions, 50; percentage required to pass, 75; written examination, total number examined, 25; passed, 17; failed, 8, or almost one-third.

There is much detail in journalistic work, and we desire our subscribers to know that their interests are ours, and a missing number is a matter we are always glad to rectify. Our mailing list grows from month to month and errors do occur, but a card will right the matter.

It is a mistake to pass over the advertisements or throw them into the waste basket unopened. We admit that life is too short to read all the printed matter of this age, but some of it is worth the paper it is printed on. So says the Perfection Liquid Food Co., and "so say we all of us."

Dr. P. C. Majumdar announces the marriage of his son, Dr. Jitendra Nath Majumdar, to Raseswari Bhaduri, Saturday the twentieth June, nineteen hundred and three, 203-1 Cornwallis St., Calcutta. The faculty of Hering College and his classmates extend congratulations to one of the most popular students who ever entered its classes.

The seventeenth yearly post-graduate course in Orificial Surgery, by E. H. Pratt, M. D., will be held in the amphitheatre of the Chicago Homeopathic Medical College, corner Wood and York streets, Chicago, during the week beginning with September 7, 1903, having a four hours' daily session. Doctors are invited to bring obstinate cases of every variety of chronic diseases. For particulars, address E. H. Pratt, M. D., 100 State street.

H. C. ALLEN, M. D.

Chronic Diseases a Specialty.
Consultation by letter or in person
will receive prompt attention.

103 State Street.

Office Hours: 1-3 P. M.

Residence: 5142 Washington Ave.

J. J. THOMPSON, M. D.

—Surgeon—

717 Marshall Field Building.
CHICAGO.

Hours: 3 to 5 P. M.

THOMAS G. ROBERTS, M. D.

99 E. Thirty-Seventh St., Chicago.
Diseases of Children.

Office Hours: 8 to 10 A. M.; 1 to 2
P. M.; 6 to 7:30 P. M. Sundays,
3 to 5 P. M.

Telephone Oakland 1508.

DR. J. A. TOMHAGEN.

Office: Suite 1320, Masonic Temple,
Chicago.

55 State Street.

Hours: 12 to 4. Tel. Central 5255.

J. B. S. KING, M. D.

Office, 70 State Street,
Chicago.

Hours: 2:30 to 5 P. M.

Tel. Cent. 5039.

Analyses made for the profession
of BLOOD, SPUTUM, URINE, Etc.

DR. FRANK C. TITZELL.

SURGEON AND GYNAECOLOGIST
Am prepared to go to any part of
the country for consultation or oper-
ation. Private hospital accommo-
dations.

6413 Kimbark Ave., Chicago.

Telephone 9143 Drexel.

C. E. FISHER, M. D.

Operative Surgery and Gynaecology,
103 State St., Chicago.

Excellent Hospital Accommodations
At Reasonable Rates.

Will visit any part of Country in
consultation and for operation.

L. A. L. DAY, M. D.

O. et A. Chr.

Eye, Ear, Nose and Throat.

Hours: 9 to 12:30; 4 to 6.

55 State St., Masonic Temple,
Suite 1320.

Tel. Central 5255

Chicago.

F. G. WIELAND, M. D.

3000 Michigan Avenue, Chicago,

Qualitative and Quantitative Uro-
Analyses.

A. McNEIL, M. D.

611 Van Ness Ave., San Francisco,
CALIFORNIA.

Chronic Diseases a Specialty.

H. R. STOUT, M. D.

Jacksonville, - - - - Florida.

Special attention to

Diseases requiring

Change of climate.

MARK M. THOMPSON, M. D.

Surgeon and Gynaecologist,
805 West Monroe Street,
CHICAGO.

Office Hours: 2 to 4. 55 State St.
1320 Masonic Temple.

Tel. Central 5255.

J. T. KENT, A. M., M. D.

Consulting Physician,

92 State St. From 10-2 P. M.

504 Stewart Building.

DR. JOHN A. KIRKPATRICK.

Office:

4259 Cottage Grove Avenue,

Telephone Oakland 450.

Residence, 397 E. Forty-Sixth St.

Telephone Oakland 75, Chicago.

DR. FRED. ALLEN PETTINGER.

Residence, Office.
2910 Lake Ave. 3904 Cottage Grove Ave.

Hours, until 8 A. M. House, 8 to 10
12 to 1, 5 to 7 P. M. A. M., 3 to 5,
7 to 8 P. M.

Phone Gray 1285. Phone Blue 3423
Chicago.

JOHN STORER, M. D.

SPECIALIST.

Eye, Ear, Nose and Throat.
92 State St., Chicago.

Suite, 1106; hours, 10 to 4.

Telephone 1718 Central.

Residence, Evanston, Ill.

EDWIN A. TAYLOR, M. D.

City Office, 514-515 Venetian Build-
ing, 34 Washington St.

Hours, 2 to 3:20 P. M. Phone Cen-
tral 2285.

Englewood Office and Residence,
635 W. 62d St., Cor. Parnell Ave.

Hours, 8 to 10 A. M.; 6 to 8 P. M.

Phone Wentworth 1813.

GUERNSEY P. WARING, M. D.

Residence, 619 Church St.,
Evanston, Ill.

Hours, 9 to 11 A. M. and 5:30 to
7:30 P. M.

Telephone 1513.

Chicago office, Suite 504-92 State St.,
"Stewart Building."

Hours, 12:30 to 2:30 P. M.,
Tel. 2290 Central.

DR. THOMAS W. WINSLOW.

1319 Chicago ave, Evanston.

Eye, Ear, Nose and Throat.

Hours: 12-2 and 7-8 P. M.

Telephone 3094.

J. D. ROBERTSON, M. D., D. D. S.

Dentist,

1106 Stewart Building.

Latest electrical equipment.

Hours, 9 to 5.

DR. ROBERT N. MORRIS.

1201-103 State street.

Office hours, 2 to 6 P. M. Suiday,
4 to 5 P. M.

Telephone Central 1960.

Residence, 2758 N. Winchester Ave.

Hours, before 10 A. M., after 7 P. M.

Telephone Sheridan 903.

F. H. LOCKWOOD, M. D.

2595 North Ashland Ave.

Hours, 8 to 9 A. M.,

1 to 3, 6 to 7:30 P. M.

Telephone Lake View 531, Chicago.

WM. A. McCLELLAND, M. D., D. O.**BESSIE D. McCLELLAND, D. O.**

Osteopathic Physicians.

Office and Residence, 34 The
Hampden,

3853 Langley Ave., Chicago.

Hours, 9 to 12 A. M., 2 to 5 P. M.

Phone 1182 Oakland. Consultation
free.

**CHICAGO SCHOOL OF OSTE-
OPATHY.**

(Incorporated.)

Wm. A. McClelland, M.D., D.O., Pres.

B. D. McClelland, D. O., Sec.,

3847 Langley ave., Chicago.

Regular course, 20 months. Phy-
sicians' course, 10 months.

MARGARET S. McNIFF, M. D.

Office hours, 8 to 9:30 A. M., 1:30 to
4:30 and 7 to 8 P. M.

Telephone 1768 Hyde Park.

7453 Cottage Grove Ave.

DR. E. R. McINTYER.

Consultation in nervous and chronic
diseases in city or country.

Residence, 2471 Fulton St.

Tel. Austin 2632.

Hours till 8 A. M., 5 to 6 P. M.

Suite 408-70 State St. Tel. Central 4252

Hours, 9 to 11.

Best hospital accommodation.

DR. WM. C. A. LEIPOLD.

Residence and Office, 3702 Lake Ave.
 Hours, 8 to 9 A. M., 12 to 1:30 and
 6 to 8 P. M. Sundays, 12 to 1:30 P. M.
 Telephone Oakland 1062.
 Suite 1400 Reliance Building, 100
 State St.
 Hours, 2 to 3 P. M. Phone Central 257.

G. E. DIENST, M. D.

Physician and Surgeon,
 Naperville, - - - - - Illinois.

ANTOINETTE K. FELLOWS, M. D.

Residence, 4058 Washington Ave.
 Hours, 9 to 11 A. M., 5 to 8 P. M.
 Telephone Gray 2834.
 Office, 1008-100 State St.
 Hours, 1 to 3 P. M.
 Telephone Central 4639. Chicago.

HARVEY FARRINGTON, M. D.

Chronic Diseases a Specialty.
 815 Marshall Field Building.
 Hours, 12 M. to 2 P. M.
 Telephone Private Exchange No. 1.
 Residence, Glenview, Ill.
 Telephone "Burnham Residence."
 Chicago.

VAN E. FREEMAN, M. D., D. D. S.

Dental Surgeon.
 1104 Masonic Temple Bldg.
 Office Hours, 1 to 5 P. M.
 Home Address, 9022 Cottage Grove
 Ave.
 Hours, 8:30 to 11:30 A. M.

DR. R. H. VON KOTSCH.

935 W. 63d St.
 Office Hours: 6:30 to 8 P. M.
 Tel. Wentworth 5411.
 Surgeon in charge Swift & Co.,
 Libby, McNeill & Libby.

DR. J. H. ALLEN.

General Practice and Disease of Skin
 Residence, 4712 Greenwood Ave.
 Hours, 7 to 10, 6 to 8.
 Phone 628 Drexel.
 Office, 92 State Street.
 Hours, 2 to 5.
 Phone 1591 Central.

CHAS. W. BECKER, M. D.

24 Fifth Avenue,
 Lagrange, - - - Illinois.
 Hours, 3 to 5. Phone 511

FRANK BRANEN, M. D.

Office, 900 Reliance Building, 100
 State St.
 Hours, 12 to 1. Tel. Central 174.
 Residence, 961 W. Monroe St.
 Hours, 8 to 9 A. M., 2 to 3 P. M.,
 6:30 to 7:30 P. M.

E. CALDWELL, M. D.

Special attention
 given to
 Infant feeding.
 1153 E. Sixty-Seventh Street.
 Telephone Normal 1773. Chicago.

EDITH TENLEY CLARKE, M. D.

215 E. 31st St., near Indiana Ave.,
 Chicago.
 Hours, 8 to 11 A. M., 5 to 7 P. M.
 Sunday, 10 to 12 A. M.
 Telephone Brown 2491. The Palos.

WM. MACLAY LYON, M. D.

Diseases of the Stomach.
 400 Deardorf Building,
 Kansas City, Mo.

Home Phone, West 120.

Office Phone, Main 3871.

DR. DAVID DUNCAN,

Chicago.

Residence:
 2159 Lexington street, near West
 40th ave.
 Hours: Mornings until 9; evenings
 6 to 8.

Office:
 Hours: 12 to 4 P. M.
 Masonic Temple, Suite 1209.

WOMEN, CHILDREN AND CHRONIC DISEASES.

FISHER'S DISEASES OF CHILDREN.

Edition of 1902—Cloth, \$3.00.

Sheep or Half Morocco, \$3.50.

THE BEST HOMEOPATHIC TREATISE ON DISEASES OF CHILDREN EVER PUBLISHED.

The Medical Advance is able to offer this splendid work, formerly sold at \$5.00 and \$6.00, for \$3.00 in cloth binding; \$3.50 in Sheep or half Morocco. It is the most complete, comprehensive and consistently homeopathic work on the treatment of diseases of children before the profession. Dr. Fisher puts out the new issue at the lowered price because the sales of three previous issues have more than met the cost of publication. It is a book which should be in every homeopathic library.]

Praised at International Homeopathic Congress.

In a review, of homeopathic literature at the last International Homeopathic Congress, held in London, Dr. Dyce Brown, editor of the Monthly Homeopathic Review, pronounced this book an ideal homeopathic volume, recommending that a work on general practise be constructed along its lines.

It is Plain, Practical, Consistently Homeopathic.

ORDER THROUGH

The Medical Advance,

5142 Washington Avenue, - - CHICAGO

BOERICKE & TAFEL

**HOMŒOPATHIC PHARMACISTS,
IMPORTERS AND PUBLISHERS**

BUSINESS ESTABLISHED IN 1835.

Oldest and Largest Homœopathic Pharmacy.

The only Homœopathic Pharmacy in the United States that
has been awarded Prize Medal at International Exhibitions.

The Centennial, Philadelphia, 1876.

The Cotton, New Orleans, 1884-5.

The Columbian, Chicago, 1893.

The finest results are obtained from high-class Homœopathic
Medicines. The highest class Homœopathic Medicines are those
prepared by this firm. Their fresh plant tinctures **are made
from Fresh Plants**. All of their 1x triturations receive
not less than four hours' triturating, and **each** succeeding X
receives **not less** than two hours' triturating. Their tablet
triturations are made from these triturations, and are not equalled
by any other. **THE PRICES ARE REASONABLE
FOR**

HIGH CLASS MEDICINES.

Physicians' Price Current sent free on request, to Physicians and
Medical Students only. Correspondence respectfully solicited.
Address nearest pharmacy as given.

BOERICKE & TAFEL,

PHILADELPHIA—1011 Arch St.

PHILADELPHIA, 117 S. 13th St.

PHILADELPHIA—15 N. 6th St.

NEW YORK—145 Grand St.

NEW YORK—15 West 42d St.

NEW YORK—634 Columbus Ave.

CHICAGO—44 E. Madison St.

PITTSBURGH—627 Smithfield St.

BALTIMORE—228 N. Howard St.

CINCINNATI—204 W. 4th St.

POLK'S Medical Register and Directory

Was Established in 1886

Do Not Be Deceived by Imitators

**See that the name R. L. POLK & CO. is
on the Order before you sign it.**

Polk's is the only complete Medical Directory.

Polk's is the only Medical Directory having an index to all physicians in the United States.

Polk's has stood the crucial test of time with increasing popularity. It thoroughly covers the field.

R. L. POLK & CO., Publishers
DETROIT, MICHIGAN



AMERICA'S MOST POPULAR RAILWAY
CHICAGO
 AND
ALTON
 PERFECT PASSENGER SERVICE

BETWEEN

CHICAGO - KANSAS CITY,
 CHICAGO - ST. LOUIS,
 CHICAGO - PEORIA,
 ST. LOUIS - KANSAS CITY.

THROUGH FULLMAN SERVICE
 BETWEEN CHICAGO AND

HOT SPRINGS, Ark., DENVER, Colo.,
 TEXAS, FLORIDA, UTAH,
 CALIFORNIA AND OREGON.

IF YOU ARE CONTEMPLATING A TRIP, ANY PORTION OF WHICH CAN BE MADE OVER THE CHICAGO & ALTON, IT WILL PAY YOU TO WRITE TO THE UNDER SIGNED FOR RATES, MAPS, TIME-TABLES, ETC.

GEO. J. CHARLTON,
 GENERAL PASSENGER AGENT,
 CHICAGO, ILL.

Those Slow Chronic Cases. There comes a time with many individuals when they have reached the parting of the ways between a condition of health and a condition tending downwards. When this fork in the road is reached by a slow and gradual decline of the vital forces, the intelligent physician quickly recognizes the responsibility placed upon him.

The properly indicated remedy combined with other restorative processes will bring the patient back to the enjoyment of normal health once more. On the other hand, the improper treatment will change the history of a case entirely. It is under such circumstances as this that every Homeopathic physician should have access to that masterpiece of Homeopathic Literature—**HERING'S GUIDING SYMPTOMS**.

Every eulogy ever written or pronounced upon Constantin Hering, is an argument in favor of the **GUIDING SYMPTOMS**. This work represents the clinical verification by Hering of the great principles of Hahnemann. It is the predigested food for all Homeopathic prescribers. It is a short cut to the desired result. To the expert Symptomatologist and the laboratory-taught Pathologist alike this work should appeal as the best interpretation of the Principles of Homeopathy.

THE REPERTORY OF HERING'S GUIDING SYMPTOMS constitutes a complete index to that work, but is used with great satisfaction by many physicians in connection with other *Materia Medica*s.

PRICES OF HERING'S GUIDING SYMPTOMS—10 Volumes.

Bound in handsome Cloth, \$5.00; Sheep, \$6.00; Half-Russia, \$6.50, per volume.

PRICE OF REPERTORY,

Bound in Half-Russia, \$10.00; Sheep, \$10.00.

Liberal terms of payment are allowed when desired, including **IMMEDIATE DELIVERY OF THE BOOKS.**

F. A. DAVIS CO., Medical Publishers,

1914-16 Cherry Street,

PHILADELPHIA, PA.

THE NEW YORK HOMEOPATHIC MEDICAL COLLEGE.

Forty-fourth Annual Session, October 6, 1903, to May 12, 1904.

IMPORTANT FEATURES.

A MILLION DOLLARS invested in College and Hospital Buildings and Laboratories upon the College grounds.

HOMEOPATHY taught in a thorough and practical manner by the most widely known author of the present day. All therapeutic methods given a reasonable amount of time and prominence by experts.

MOST RECENT METHODS of laboratory and bedside clinical research thoroughly drilled into the student by men of national repute.

BEDSIDE INSTRUCTION. Hospitals connected with the College, having over 1,300 beds, treat over 50,000 patients annually. Last session each senior student came in **personal contact** with 664 patients, attended a dozen or more confinements, and made about a hundred medical visits.

A HOSPITAL APPOINTMENT is practically assured to every graduate desiring one.

For announcement address

WM. HARVEY KING, M. D., LL. D., Deau. GEORGE W. ROBERTS, PH. B., M. D., Sec'y,
170 West 59th Street.

Established 1857.

Incorporated 1880.

The Pennoyer Sanitarium, KENOSHA, WIS.

Between Chicago and Milwaukee.

N. A. PENNOYER, M. D., Manager.

The Finest and Best-Equipped Health Resort in the Northwest

Everything First-Class.

Open the Entire Year.

Medical treatment, Baths, Electricity, Massage, Etc., included in the price of room. Hot Water Heating. Insane or objectionable cases not received.

SEND FOR ILLUSTRATED PROSPECTUS.

The Medical Advance

... AND ...

Journal of Homeopathics.

VOL. XLI.

CHICAGO, SEPTEMBER, 1903.

No. 9.

A Study of Colocynth.

BY PROF. J. T. KENT, A. M., M. D., CHICAGO.

The principal feature of Colocynth is its severe, rending, tearing, neuralgic pains; so severe that the patient is unable to keep still. Sometimes they are > by motion—at least it appears that they are worse during rest—> by pressure and sometimes > by heat. Pains occur in the face, abdomen, along the course of the nerves.

These pains are often due to a very singular cause, namely, anger with indignation. Hence persons who are haughty and easily offended or chagrined have Colocynth complaints. Anger will be followed by violent neuralgia in the head, the eyes, down the spine, in the intestines.

In spite of the extreme restlessness there is great weakness with the pains. A patient suffering with chronic diarrhea, with the severe colic of this remedy, will sometimes become so weak that he can hardly speak except in a whisper. A feeling of faintness, or even fainting, is by no means an unusual concomitant of the pains. Gripping occurs along the course of nerves, and in some cases numbness, pricking and tingling, like the crawling of ants in the part affected.

With many doctors Colocynth is a routine remedy for sciatica; and only when it fails do they take the symptoms of the case in

order to find the remedy that is really indicated. There is no excuse for such practice. Where the pain is better from hard pressure and from heat, where it is worse during repose and drives the patient to despair, Colocynth will generally cure. But it is not indicated in all cases. Some remedies select the muscles and tendons, some the bones and periosteum, while others select the great nerve trunks in which to manifest their symptoms. The pains of Colocynth appear, as a rule, in the larger nerves.

THE MENTAL PICTURE.

The mental symptoms are not very striking. As soon as the prover of Colocynth begins to have pains along the course of nerves he becomes irritable and snappish; everything vexes him; he is worse from vexation.

"Screams with the pains. Walks about the room and becomes increasingly anxious as the pain goes on. Disinclined to talk or to answer, or to see friends.

"His friends irritate him and he wants to be left alone.

"He has all he can do to stand those terrible pains. They are often the result of anger with indignation."

Vomiting and diarrhea frequently come with the pains, especially if they are in the abdomen.

Colic comes on in paroxysms that grow in intensity.

The patient becomes increasingly nauseated until finally he begins to vomit; and he continues to retch after the stomach is empty.

Colocynth produces a state in the nervous system like that found in individuals who have for years been laboring under annoyances and vexations. A man whose business affairs have been going wrong comes into this state of irritability and nervous exhaustion. A woman who must watch her unfaithful husband night and day to keep him away from other women gradually assumes a sensitive, irritable state of mind, and is upset by the least provocation. This is the state of the Colocynth prover.

You will seldom find this medicine indicated in strong, vigorous, healthy people who have suddenly become sick. It is more apt to be in the constitution just described, and those who are in the habit of over-eating.

HEAD SYMPTOMS.

We find the head symptoms are rending, tearing pains in the scalp, brought on by anger, exhaustion; pains that are better from pressure and heat, and worse when not in motion.

“Constant, horrible, gnawing pains in the head.”

“Painful, tearing, digging through the whole brain, becoming unbearable when moving the eyelid.”

Intense pain through the whole head; worse from moving the eyes.

Severe, pressing, tearing headache, causing her to cry out.

Intermittent headache in those of a rheumatic, gouty or nervous diathesis.

Pain tearing and screwing together.

Violent periodical or intermittent headache.

Such are some of the expressions in the text. But the particular character of the pain is not as important as the circumstances that are likely to cause it and the conditions in which the patient has been living. Knowing the life of a patient affords much knowledge of the patient himself.

THE EYES AND FACE.

The same violent neuralgic pains are found in the eye.

Rheumatic iritis, worse in the evening and night.

Severe, burning, cutting and sticking pains in the eye.

Burning is more characteristic of the pains of the eyes than of other parts of the head and face.

Sharp, cutting stabs; pressing pains.

The faceache is especially important, because Colocynth is one of the most frequently indicated remedies for severe neuralgia of this region. There are three remedies which are indicated in faceache more often than any other, Belladonna, Magnesium phosphoricum and Colocynth.

The Belladonna pains are as violent as any, and are accompanied by red face, flashing eyes, hot head, and great sensitiveness of the part to touch.

In Colocynth the pains come in waves, are better from heat,

from pressure, worse if anything during rest, and are brought on by excitement or vexation. They are generally on the left side; while those of Belladonna are on the right, and are caused by cold.

Magnesium phosphoricum has pains that shoot like lightning along the nerves and are relieved by heat and pressure.

The expression of the Colocynth face is one of anxiety from the severity of the suffering. No matter where the pain is the face is distorted. Finally, it becomes pale and the cheeks become blue.

Tearing pains in the cheek-bones, or more correctly, in the infraorbital nerve where it emerges from the foramen. Sometimes this pain feels like a hot wire, sometimes like a cold nail, and sometimes it is rending, tearing, burning or stinging. Frequently it spreads over the face, following the ramifications of the small branches of the nerve, usually on the left side. The patient cries out and is very restless.

Tearing or burning pain extending to the ear and head.

All pains are better from pressure, but this is in the beginning. After the pain has been going for several days with increasing severity, the part becomes very sensitive and pressure cannot be endured.

THE DIGESTIVE TRACT.

Aversion to food.

Violent thirst.

Colic brought on from drinking while overheated; from filling the stomach with indigestible things, from high living; colic from eating potatoes.

Potatoes and starchy foods disagree with the Colocynth patient, like Alumina.

The vomiting of Colocynth is different from that of most other remedies. Nausea does not appear at first, but when the pain becomes sufficiently intense nausea and vomiting begin, the contents of the stomach are ejected, and the patient continues to retch until the severity of the suffering decreases.

The stomach pains are clutching, cramping and digging, as if grasped by the fingers of a powerful hand.

Similar pains occur lower down in the abdomen, but they are still better from hard pressure, and from doubling up—which amounts to pressure—come on in paroxysms of increasing severity, until the patient is nauseated and vomits, and are associated with great restlessness and faint, sinking feeling at the pit of the stomach. The victim bends down over the back of a chair, or over the foot-board, or, if unable to get out of bed, he doubles up over his fists.

In the Guiding Symptoms we find several pages of repetitions, showing how extensively this medicine is applicable in abdominal complaints where these symptoms are present. It would be well to read them.

The pains in the lower part of the abdomen are relieved by drawing up the limbs and pressing with the fists. In the violent ovarian neuralgias of Colocynth, the woman will flex the limb of the painful side hard against the abdomen and hold it there.

[Dunham and Gilchrist each reports the cure of an ovarian tumor with Colocynth when this characteristic modality was the guiding symptom.—Ed.]

The physician asks: "What has happened to give you these pains?" Her answer is likely to be: "My servant spilled some dirty water on a handsome rug, we had some words over it, and this is the result.

Colic from anger with indignation; better from bending double and worse in the upright position, while standing or bending backwards.

Colic of infants when they are relieved by lying on the stomach; as soon as the position is changed they begin to scream again.

The same symptoms accompany the diarrhea and dysentery. The stools consist of white mucus, are thick, ropy and jelly-like; at times bloody. At first they may be copious, strong smelling, pappy, and later watery, yellow, scanty and almost inodorous.

Diarrhea and dysentery from anger with indignation; the most awful tenesmus during stool; urging to stool with colic.

Eating ever so little, brings on the colic, urging and stool.

Watery stools after eating.

Many of these cases find relief from heat and the warmth of the bed.

These are the principal features of Colocynth. The rest can be learned by reading the text.

Clinical Cases from Practice.

BY R. F. RABE, M. D., HOBOKEN, NEW JERSEY.

A LACHESIS INTERMITTENT.

CASE I.—Margaret M. Call, age four years, lives in a marshy, badly-drained neighborhood. Was taken ill last fall with intermittent fever, tertian type, regular paroxysms of chill fever and sweat. Was ill eight weeks in spite of quinine given by an old school physician. The trouble then disappeared until this spring, when it began again in April, and the child was sick one week before I saw her.

Her symptoms then were:

Chill comes on at 2 P. M. every other day, and the child runs to her mother and wants to be held in mother's arms. On one day the chill came on at 4 P. M.

Chill is preceded by dullness and drowsiness.

During chill there are thirst, red face and desire to be covered.

After chill and during heat there occur vomiting and coughing.

During the heat thirsty and very drowsy, waking now and then for a drink of water. Wants covers.

Is asleep through most of the heat.

After heat slight sweat, mostly on forehead; thirst continued and child wants covers. By 8 P. M. attack is all over. Severe gagging cough, both day and night, on day of attack, as well as during apyrexia.

These were the symptoms as obtained from the mother. Subjective symptoms were, of course, out of the question; at least with this child. As the cough was very suspicious of pertussis,

which was epidemic in the neighborhood, I ruled it out in selecting the remedy.

Gelsemium, Lachesis, Lycopodium and a few others seemed to suggest themselves, but a closer study brought out Lachesis as the similimum, which was given in the 30th, three doses at three-hour intervals, on the well day, and it cured within a week.

The whooping cough which followed was greatly modified by Kali bichromicum 30, given ten days after the Lachesis.

A RHUS TOX. RHEUMATISM.

CASE II.—August 3, 1901. Mr. G. K., pain down posterior aspect of left thigh < in damp weather, first moving and from rest; pain in dry weather > by warmth and continued motion. Is compelled to shift his position almost constantly, as he cannot sit long in one place.

Rhus tox. 500 (B. & T).

Improvement was prompt and relief complete. This man's occupation is that of a teamster, and as such he is exposed to all kinds of weather.

A BARYTA ACETICA NEURALGIA.

CASE III.—October 20, 1901. Mr. R., duration of trouble several weeks. Pain in right hip, extending down posterior surface of thigh to the knee. Pain is < from walking or *standing*, *with weight thrown on right side*; > by lying down or sitting quietly. Sensation as though the *thigh were shortened* or drawn tight.

Baryta acetica 200 (Jenichen).

Improvement began at once and continued until November 6, when there was a slight return of pain.

Baryta acetica 300 (Jenichen) was repeated and trouble promptly vanished.

A SANGUINARIA CATARRHAL INFLAMMATION.

CASE IV.—L. H., a sufferer from chronic catarrh of the nose, was attacked by an acute coryza. The usual remedies soon controlled this, when on November 13, 1901, severe pain was felt along the course of the right supra-orbital nerve, extending as

far as the right temple. The right eye was suffused with tears and the blood-vessels were injected. A thin discharge issued from the right nostril, with an occasional lump of rather hard mucus. The patient was unable to attend to his business, being a chemist, as he was incapable of fixing his thoughts on any work and his memory was very dull.

Pain was slightly < by pressure of the hand, was > from stooping and especially so from blowing the nose.

The pain came on at about 9 o'clock in the morning and would last until 4 o'clock in the afternoon, a periodicity very strongly suggesting a malarial origin.

Occasionally a rather more profuse discharge from the right nostril would relieve the pain for a few minutes.

Kali hydriodicum was given, first low, then high, with no effect.

Sanguinaria was then studied and given in the cm. potency (Skinner).

Relief began at once, each day the pain decreasing somewhat more, until all pain was gone within eight days. The discharge also became much less and of a thicker consistency and yellow color.

Three Cases of Tuberculosis.

BY J. K. TRETTON, M. D., ROCHESTER, NEW YORK.

CENTRAL NEW YORK HOMEOPATHIC SOCIETY

TYPHOID PNEUMONIA.

CASE I.—On January 19, 1903, I was called to see I. W., aged eleven. His mother informed me that he had not been in his usual health for two or three weeks, and that the day before he was much worse and had a restless night. He had had several loose involuntary movements, with considerable pain in the rectum after each. The pain she said was "common." He had a

severe frontal headache, tenderness in the abdomen on deep pressure, with considerable distention. Temperature, $103\frac{1}{2}$; respiration, 45; pulse, 140.

He had pain in left lung, no cough, moderate thirst, could not take a deep breath, as it gave him pain, and was better when lying quietly on back. There was dullness on percussion over the anterior lower half of the left lung. For about three days the morning temperature was highest. On the night of the third day he was seized with a severe pain in the affected side, on a line with and to the left of the nipple. He could not take a deep breath or move without crying out. The area of dullness increased until entire lung was solidified.

On the eighth day the temperature was nearly normal and remained so for about three days, when it began to rise until in morning it was 104° . Every evening there would be a bright red spot on left cheek, and considerable delirium at night; during first week he did not recognize his parents, and wanted to go home.

After the first week there was no pain, no delirium, no complaint of any kind. When asked how he felt he would say he felt fine. The bowels moved every day, or every other day. He had a voracious appetite, and would cry for solid food, as he did not care for milk or broths of any kind. The emaciation was extreme. He slept well after the second week, lying on the left side, with knees drawn up. There was no cough until the fifth week, when he coughed almost incessantly for two days and nights, with no expectoration and with amelioration from being bolstered up; as soon as his head was lowered the cough would begin.

I have never seen a case where the patient was so ill presenting fewer symptoms on which to base a prescription. There is a history of consumption on the side of both parents. The mother has hip disease, and four years ago had several abscesses about the hip and thigh. The remedies employed in the beginning of this case were Bryonia and Sulphur, which helped the distressing chest symptoms. As the case seemed to hang fire, and as the father showed signs of restlessness, I asked Dr. Grant to see the

patient with me. On his advice I gave Iodine and later Lycopodium; these stopped the emaciation and the abnormal craving for food. Pulsatilla helped the cough. Notwithstanding that the remedies relieved the symptoms for which they were prescribed the general condition remained about the same. By this I mean the temperature, pulse and condition of the lung. Because of the fact that he felt fine, and was not sick, I gave him three doses of Opium 200, at the beginning of the sixth week, when there followed a marked improvement. The temperature fell to normal; the pulse, which was very rapid and weak, became slower and stronger; the lung began rapidly to clear up, so that in a week he was out of bed and in ten days was dressed.

The peculiarities of the case were the absence of cough, except for two days, no expectoration, the good feeling of the patient, the ravenous appetite, extreme emaciation, absence of sweat.

[This case deserves a careful study because it is unusual, yet a typical "outburst" of the tubercular miasm. Not a single remedy given was the similar, because it did include the constitutional dyscrasia. It was a zig-zag recovery, not a cure; just as an Apis sore throat was cured by Bell., Caps., Mer. and Rhus before we had a proving of Apis. It was a typical case for Tuberculinum, and the patient will never be cured until he has received his constitutional similimum.—Ed.]

TUBERCULAR DIARRHEA.

CASE II.—April 2, 1902. Mr. G. W. M., merchant, aged fifty-eight years. Father died of consumption at the age of thirty-five and a brother died of the same disease at the age of thirty. While living in Texas, seven years ago, the patient was taken with diarrhea, which lasted for six months. In fact, he got no relief until he came north.

The present attack began in 1897, and had continued ever since.

There were twelve or thirteen movements in twenty-four hours; every two hours during the day and every three hours at night.

Stools mushy, sometimes watery, yellowish, offensive, with the odor of onions, and with a greasy pellicle on top of the water.

There was a constant pain through bowels and pubes.

Abdomen was distended with gas.

There were piles, with a bearing down in the rectum; temperature, 101, and pulse, 96.

Pain in the chest, with sensation of pressure when lying on left side.

He slept better on right side or back; better in the open air.

A sense of weight and pressure in the stomach after eating; acids caused burning.

The diarrhea always better during the time when he could get plenty of strawberries.

He had valvular disease.

Hands and feet were cold; nose cold and blue.

Easily fatigued, obliged to lie down several times during the day.

This is the condition in which I found him on April 2d last. I regulated his diet, and gave him one dose of Sulphur cm., on general principles, followed by Pulsatilla and Lycopodium. The last remedy impressed me as being more effective. He gradually improved until he had but one movement a day. About four weeks ago he had a slight relapse, one movement at night and three to four times during the day, with no pain and not so much weakness as before. For the relapse I gave him Podophyllum and Phosphoric acid, in the order named, since which he seems to be doing well. There is no evidence of lung or kidney trouble. About two months ago I gave him Tuberculinum; since then he has had no medicine, although, contrary to my advice, he eats about everything that appeals to his appetite.

INCIPIENT TUBERCULOSIS.

CASE III.—Mr. J. E. C., aged forty-two, upholsterer; mother and aunt died of consumption. Has never been seriously ill, except an attack of stomach trouble a few years ago.

For the past month has been losing flesh rapidly.

Slight cough, rise of temperature in the evening, but it is sub-normal in the morning; profuse and debilitating night sweats.

Sensitive to cold air, but wanted sleeping room cool.

Some hoarseness.

Sleeps on right side or stomach; worse on left side.

Appetite fair, bowels constipated. Pulse, 85 to 90; low tension.

On inspection found the right chest two inches smaller than the left. Could discover no lesion by auscultation or percussion. The case came to me from an allopath, who was treating him for malaria. The first remedy was Sulphur cm., one dose, which stopped the night sweats promptly. He is now on Tuberculinum. He is back to his old weight, and is feeling as well as ever.

GENERAL DISCUSSION.

Dr. Johnson said he had had a case similar to Dr. Tretton's last, and had examined it under the X-ray. He had discovered that the smaller side was filled with adhesive bands, the result of former inflammations. He found the right lung so enlarged—probably compensatory—as to have depressed the liver.

Dr. Allen thought the use of Tuberculinum was misunderstood. One should give a dose, and wait as long as improvement continued. He also recommended that the patients be kept from animal diet.

Dr. Biegler, referring to the subject of quinsy, said that his experience led him to believe that the constitutional remedy would eliminate the disease.

Some of the Needs of Homeopathy.

BY G. M. THOMPSON, M. D., ROCHESTER.

CENTRAL NEW YORK HOMEOPATHIC SOCIETY.

If asked what you considered most necessary in our school at present what would you reply? Would it be to suggest larger homeopathic institutions; a better equipment in the way of laboratories, etc., or more professors of our school? Would you suggest that we have what is sometimes called purer Homeopathy? This being impossible, for the simple reason that it was ever pure, it cannot be made more so. The probable meaning is not "purer Homeopathy," but better homeopathic practitioners, and that to

my mind is one of the great needs of today. Now, how are we going to get them?

This is one of the things that we must answer, not only in thought, but in action,—and that in the very near future. A system of treatment by the use of agents which administered in health “would produce symptoms similar to those morbid conditions for the relief of which medicine is given,” had been discovered and verified.

In how many so-called homeopathic colleges may we find the fundamental principles taught as embodied in this definition? What proportion of homeopathic materia medica, to other branches, does the student of the homeopathic colleges of today receive? In my estimation it is very little. There is another much needed want. I, for one, would not suggest that less time be devoted to other important branches of medicine. Unless there is more time devoted to the teaching of the underlying laws and principles of our materia medica, as introduced by Hahnemann, the coming student in our school will graduate with a vague idea of the tenets of Homeopathy as we understand them. What is the result already? It is that gradually but certainly we and those who follow shall forsake the principles bequeathed us by Hahnemann, and adopt the therapeutics and palliatives of the dominant school. Some have already started in this direction and are well on the way.

I mean to be conservative and not put my meaning in stronger terms than occasion calls for. Is there one present who has not recently seen or heard what some of the recent graduates from the so-called homeopathic colleges believe in, and are doing, whenever occasion, as they deem it, requires. I would ask if it is not by the fruit that we judge the tree? What excuse has a doctor who professes what we are pleased to term pure Homeopathy for prescribing morphine; what can he be thinking of, and what kind of teaching has he had? Is it not natural that we should ask ourselves what and where is the fault? Is it in the man or in the college? It is not for me to say; although it seems that we might easily and justly attribute some part of these results to each.

One of the chief obstacles which retard the growth of pure

Homeopathy is its betrayal at the hands of its professed friends, and is due to their being wonderfully ignorant of its principles, therefore, open to the charge of doing business under false pretence. Every individual has an indisputable right to decide upon theoretical principles for himself, but he has no right "to masquerade in public as Dr. Jekyll, and to appear in private as Mr. Hyde" (Dr. A. R. Morgan).

We cannot wholly blame many of the young graduates from homeopathic colleges when we realize that many, if not all, of the professors in said colleges are imbued with the principles just mentioned. Their pretext for diverging from the narrow path, "as they are pleased to call it," is, that this is "an age of liberality in medicine," and that their mission in life is to cure human ills and not to expound any particular creed or doctrine. Is it any wonder that some get to drifting, especially when they are started wrong to begin with? A student needs to be solidly grounded in the faith and undisturbed by the apostacy of the institutions whose teachings are unhomeopathic.

If I am not successful in prescribing and fail to relieve my patient where is the fault? Does the doctor get the blame, or is it placed at the door of Homeopathy? Is it not generally the lack of ability in the doctor? Do we not feel, sometimes, that our ignorance may be due to improper teaching in our college days, when we receive a meagre amount of *materia medica*, and in all probability nothing from the *Organon*, the philosophy of Homeopathy.

The trend of many of the so-called homeopaths is away from the true homeopathic principles of our school, and is due mostly to facts previously mentioned. It is obvious to anyone with the average amount of intelligence what the result will be if these existing evils are not corrected in the near future; and not only does this pertain to the coming graduate, but to ourselves.

I do not believe that one here whose profession and practice is according to the teaching of the *Organon* will be selfish or blind to the urgent need which is every day crying for assistance to correct the existing evils pertaining to the teaching of the students of today.

Are not the colleges vital to the existence and promulgation of the teachings of Hahnemann? Are they not the feeders which must contribute in the future men who in their turn may, or may not, help to guide our ship to success or failure, as to whether Homeopathy shall exist or die of dry rot.

There may be many institutions where Homeopathy is taught as it should be, but I know of only one college where Homeopathy is taught in the strict sense of the word, where the *Materia Medica* and *Organon* are foremost among the important subjects. I heartily wish there were more like the one I have in mind, for we certainly need them that our students be instilled with the true principles of our school, firm in the following and application of the same, who would join us in stemming the tide which is bound to come, has already come to some of us as a test to our belief and sincerity in the practicing of what we preach.

Not long ago a fraternal friend of mine remarked that I should be more sanguine in regard to the general outlook and conditions existing in the homeopathic colleges of today, saying that he felt that they were giving better and more thorough teaching, especially in the *Materia Medica* and *Organon*, than ever before. I would like to feel that his statement was correct, and even if so are we excused from keeping close watch, and striving our best to keep true to the law as well as to help our neighbor do the same? Let us not weary in well doing.

There seems to me, judging from the homeopathic journals, that many of our profession are interested in, and seem to feel the need of, more remedies in our *Materia Medica*, and to this end they are devoting much of their valuable time and energy, forming classes for the proving of such remedies as heretofore we have known little if anything of.

I believe in expansion, inasmuch as it is a benefit to the state, nation or people, to say the least that at present we might better devote more of our spare time to the study of the remedies at hand.

Is there a week in which some of us, in the study of our cases, do not come upon some symptoms new to us in reading one of the common, or, more correctly speaking, the more familiar remedies in our *Materia Medica*?

Do you not honestly think that the most of us would do better work in the art of prescribing, give more help to the afflicted, and do greater credit, not only to ourselves but also to the school we represent, if we devoted more of our spare time to the study of those remedies already proven? Would it not be better for us to digest what we already have than to reach out for more, when some of us are even now suffering from indigestion and lack of assimilation of present material?

DISCUSSION.

The paper being open for discussion, Dr. Johnson said: When he first begun the study of homeopathic medicine he knew but one kind of Homeopathy, and supposed it to be the real, the only kind. He went directly to the New York Homeopathic Medical College, and was there a year before it dawned upon him that Homeopathy was taught variously by the different professors. This was then shown to him by one of the men of the senior class, and it was not until after graduation that he learned the great difference as shown by membership in this society. What puzzled him most in the vacillating teaching of the college was the wonderful cures reported by the leading professors, and the peculiar prescribing done by the same professor in the clinics, whereas the reports of the cures were all made with 30, 200. What was heard prescribed daily were the 3x, 6x, 7x. He said they did not have the benefit of such teaching as was given in the Hering College today, and the only place in which they could learn was in a society such as the C. N. Y.

Dr. Allen reported a disappointment. He had been unable to deliver the Trans. of March, 1902, at that date, but said that they should be sent to the secretary within a few days, and that they were a very creditable publication.

DEATH OF DR. SCHUMACHER.

The following resolutions upon the death of Dr. Carl Schumacher were submitted by the committee and adopted:

Dr. Carl Schumacher was born in Germany in 1852. He came

to the United States in 1866, returning to Germany in 1870 for his medical education, which was pursued under the instruction of Dr. Arthur Lutze, in whose house he lived, and at whose table he so often heard of the wonderful cures made by Miss Hahnemann, a sister of Samuel Hahnemann, who was then living. Examples of her prescriptions by olfaction have been cited by Dr. Schumacher before this society. Dr. Schumacher returned to the United States in 1877, went West, graduated from the Cleveland Medical College in 1883, and made his final residence in the East in 1885.

He was a faithful, honest follower of the laws of Homeopathy as laid down by Samuel Hahnemann and a faithful friend to all with whom he associated. His health always delicate, incurred a severe strain upon the eve of the celebration of the Semi-centennial of the C. N. Y., when he stood with your secretary, upon a cold night, until a delayed street car approached. This was followed by a severe attack of la grippe (?) from which he was a long time recovering. In the following December, 1901, he began to complain of what he called rheumatism; finally he thought it might be attributed to a slip which had wrenched the muscles of the hip. Careful examination and diagnosis determined a neuritis, which rarely gave him peace during the months that followed, until his death, January 3, 1903.

Tuberculous by heritage and by temperament, that fell disease has deprived the profession of a faithful follower.

The following resolutions are presented by your committee for approval:

Whereas, It has pleased Almighty God to remove from among his fellow laborers a faithful follower of His laws, so far as understood; therefore,

Resolved, That we, as co-workers and admirers of his faith, honesty and good work, deeply feel the loss we have sustained and miss his kindly presence.

Resolved, That we extend our sympathy to his wife and family, recommending that the latter shall constantly bear in mind his characteristics, as an example, the attainment of which shall add to their dignity in their young man and womanhood.

Resolved, That these resolutions shall be embodied in the records of the society, published in the journals, and forwarded to his family.

S. L. GUILD-LEGGETT,
E. P. HUSSEY,
J. M. KEESE,
Committee.

The secretary then quoted the following paragraph from a letter of Wm. Aug. Hawley, son of the late Dr. Wm. A. Hawley, now resident in California. He wrote: "While we were in San Francisco, early in January, 1903, we met Dr. A. McNeil, who said, when he mentioned Dr. Leggett, 'Oh, yes; Dr. Guild-Leggett, isn't it?' He also said: 'The Central New York Homeopathic Medical Society has had a remarkable membership which has done more to keep true homeopathic practice and teaching alive than any other society in the country.'"

Applause.

The discussion upon the appointment of subjects for future meetings did not meet with unqualified approval. Dr. Allen said that the A. I. H. had done that until there was little left in the society. Bureaus had been created, divided and subdivided, even an appointment to open the discussions and the result was anything but cheering. He advised a continuance of present methods.

Dr. Leggett explained that the methods of the A. I. H. were not in the least what was suggested. She said that in looking over the old records of the Central Society it was found that a subject, perhaps two, would be selected for the next meeting, in which *all* members were to state their experience; suppose it to be one of the proven medicines, the practical experience of the members were expected and received. If it were a disease the homeopathic treatment of the same was the experience expected. She said that the cause for a change lay in the fact that it had been difficult to obtain even promises of papers for each meeting. That it had become an almost unbearable burden for the president to obtain a well digested paper upon the practical experience of the physicians, which was really the only thing that was worth the time and attention of the Society, and the only thing that brought out good discussions.

Dr. Allen suggested his desire that all members of the Society should become members of the I. H. A., and attend its next meeting. He also suggested that the Society should all become subscribers for the MEDICAL ADVANCE.

Adjourned to meet in Rochester in June.

S. L. GUILD-LEGGETT.

Secretary.

An Ocular Demonstration.

BY DR. ALBERT HAUPT, CHEMNITZ, GERMANY.

Translated by A. McNeil, M. D., San Francisco.

As is well-known, Prof. Schultz* several years ago proved that corrosive sublimate in a strong solution killed the yeast cells. In dilutions of 1 to 600,000 or to 800,000 it increased the activity of fermentation far beyond the normal. The axiom which he based on this—small doses of medicine excite the vital activity; large ones paralyze it—has lately experienced a brilliant illustration from experiments instituted by Herr Sand, which can be performed by any one familiar with the technique of the microscope.

They reveal the action of Arsenious acid on infusoria, and were conducted in the following manner on the so-called corticata. In every experiment he introduced a single protozoon into a drop of pure starch water as a standard of comparison, and awaited the first fission of the animalcule. Then he put in other drops of starch water to which were added different dilutions of Arsenious acid.

The results were the following: In dilutions of 1 to 1,000 the animal died in a few minutes; in 1 to 10,000, in two days; in 1 to 100,000 there was a slight increase, but in five days the infusoria were all dead; in 1 to 1,000,000 they lived, and more slowly than in the control drop of pure starch water (in which

*Prof. Schultz is professor in the medical department of the University of Griefswald, Germany.

in eight days by fission there were fifty-five new individuals, in the latter only forty-five).

When the dilution was carried farther there was a striking change, viz.: Great increase of the infusoria. In an Arsenical dilution of 1 to 5,000,000 there were only a few more new individuals than in the control fluid. But in a dilution of 1 to 10,000,000, in eight days from one animalcule there were one hundred new ones, while in the control drops there were only fifty. The 7th decimal dilution had caused double the vital activity of the corticata.

When the dilution (how if a potency? translator) was still farther increased the power of the Arsenicum ceased. It manifested only a slight difference in the process of fission from the pure starch water. The limit of action was reached in 1 to 10,000,000.

These experiments have a double value. They demonstrate ocularly to the opponents of Homeopathy that even far advanced dilution of medicine have clearly perceptible (increased) active effects.

And to the adherents of the Hahnemannian method of cure that there is a limit to the dilution beyond which the medicinal (drug) action is extinguished.

This limit for the dilution of medicines at the sick bed, it must be admitted, may be considerably higher than the 7th decimal. As the human nerve cells are without doubt much more sensitive than the infusoria, and most certainly in a still higher degree when they are in a morbidly irritated condition, and in specific relation to the Arsenicum chosen according to the law of the similars. But there will be reached a point of dilution which will have no action whatever, either from the nature of the disease or the individuality of the patient, when a higher or a lower potency will meet the case.

But the Sands experiments render it but slightly probable that the 30th or higher dilution has a visible action.

"The message I have indeed received, but the faith is absent."

I have translated this from the *Zeitschrift des Berliner Homöopathisch Aerzten*.

Use and Abuse of Opium and Its Alkaloids.*

BY J. B. S. KING, M. D., CHICAGO.

It is an oft-recurring question whether the homeopathic practitioner is ever justified in the use of Opium and its alkaloids in material doses for the relief of pain, and, if so, when? The difficulty in answering it arises from a misapprehension of the true sphere and function of Homeopathy, and an endeavor to put it forth as the whole of medicine instead of an important part of it.

Homeopathy is the application of medicine to the cure of the sick according to the law of similars, and nothing else. When a homeopathic doctor cures scurvy with scraped raw potatoes or tomatoes it is not a homeopathic cure but a dietetic cure; when a homeopathic doctor saves the life of an exsanguined patient with normal salt solution it is not a homeopathic, but a physiological cure. Therefore, the physician, however ardent a homeopath he may be, must do more than apply remedies according to the law of cure, for the reason that Homeopathy is not the whole of the art of medicine.

My answer to the question propounded is that the homeopath is justified, sometimes, in the use of material doses of opiates for the relief of pain; he should know, however, when he gives them that he is not making a homeopathic prescription or using that art; he is employing another and a different mode of drug-action.

The second part of the question, as to when, and in what cases, such treatment is to be used will cause a great difference of opinion. I do not believe that any fixed and hard rule can be laid down, because it will be different for every man, according to his knowledge and skill in making a homeopathic prescription.

As near as I can formulate a general answer I should say that the homeopath is justified in using opiates.

First. All moribund cases that are suffering pain.

Second. In cases in which intolerable pain is caused by mechanical or traumatic conditions.

*Englewood Homeopathic Society.

Third. In cases of absolutely incurable disease, such as cancer, tuberculosis or locomotor ataxia, in which there is great discomfort and pain, and in which the best efforts with homeopathic remedies have not availed to relieve.

THE ABUSE.

Extraordinary care is necessary not to abuse opiates, because it is easier to move in the direction of least resistance than in any other direction, and the habit of using opiates for all or any pains is easily formed, to the great detriment of the sick and to the destruction of the doctor's ability as a prescriber. The old proverb, "Descensus Averni facilis est," "The descent into Hell is easy," should be constantly in mind, and every precaution taken and every trouble gone through to make sure that one or more of the above three conditions are fulfilled in the case under consideration.

If anyone should say that this is contrary to the advice of Dr. Carroll Dunham and not approved of by such men as Drs. Wesselhœft, Allen and Kent, I can only say in reply that it is the best that I can do at present, and that as I am improving somewhat as a prescriber as the years go by it may be that one of the conditions, the third and possibly the first, will be done away with when I get more experience.

At present I do not waste any time in searching for a homeopathic remedy for the pains of gall-stone or renal colic, although I expect to do much to prevent the recurrence of the attacks with homeopathic remedies. Nor do I let the comfort of the last hours of an acutely suffering patient depend upon my skill in picking out a remedy that must act doubtfully, if at all, upon the waning life force.

The three conditions named put the subject about in the proper light for most practitioners, and we all will do pretty well if we never exceed the limits there set down.

I hold that every practitioner of homeopathic medicine should know all about Opium and its alkaloids, the strength and dose of all its galenical preparations, the ingredients of all compounds into which it enters, and the dose of the same, as also the variation

and adaptability of each to various conditions. Such knowledge fits him to use them with safety and precision, when it is necessary to use them at all, and puts him on a level with his old school colleague in point of knowledge.

The Absent Symptoms.

BY J. B. CAMPBELL, M. D., BROOKLYN, NEW YORK.

Some years ago when consulting at the bedside of a typhoid fever patient I remarked to my associate that Hyoscyamus seemed to be indicated. The case had received considerable study, and I had diagnosed the remedy by the inductive method of Hahnemann. The physician replied: "Well, I have not noticed that there has been any attempt to expose the person." Since that time I have heard similar objections to the selection of a remedy raised by physicians who did not appear to realize that, as Dr. P. P. Wells once said: "It is not necessary to have all the symptoms of the remedy present."

We are to consider only what phenomena are manifest, and upon them erect our prescription, rather than speculate on what has not appeared in the symptom picture.

Progressive Senile Paresis.

BY RICHARD S. TRUE, M. D., MARBLEHEAD, MASSACHUSETTS.

June 5, 1903. Mr. E. B. H., aged eighty. Has been in robust health all his life until within the past year. His normal weight had been for many years about 230, but in a few months it was reduced to 150, and with the emaciation came great prostration and weakness he could not account for and called a physician whose liberality toward crude drugs led to the administration of heart stimulants, alteratives, tonics, etc. Diarrhea, which had been

of long standing. was a prominent symptom in the beginning of that heroic treatment, but soon constipation prevailed and has ever since, although the patient is still taking a laxative tablet every night on retiring, and the nurse tells me she don't dare omit it for the reason she knows the bowels would never move without it.

Family history reveals great constitutional vitality and longevity. His parents died in their nineties. His brothers and sisters (six) lived to be about seventy-five, and a brother, aged eighty-two, is still living; also, a sister, about his own age, is caring for him now.

Pulse, 96; temperature, 98. From nurse I elicit the following:

Morning symptoms: Unconsciousness soon after breakfast, from fifteen minutes to half an hour. Face, lips and tongue very pale and one side of face very cold.

Great weakness after paroxysm is over, and patient complains of dizziness, confusion and a sensation of intoxication. Rush of blood to the head follows and he must lie down for a few hours.

The tongue seems stiff and articulation difficult for some time after attacks.

Great indifference and drowsiness prevails, and he answers questions reluctantly and slowly; is sad and weeps considerably.

At this hour—12 M.—the patient lies in a deep sleep and Cheyne Stokes respiration prevails very markedly; hands are icy cold as they hang down over the edge of the couch upon which he is lying.

The lower extremities twitch frequently and his feet are hot, although uncovered; nurse says he always insists upon having his feet out of bed at night.

Pulse irregular; occasionally loses a beat.

After a strenuous effort to arouse the patient he became fully conscious, recognized his surroundings and the fact that a strange physician was at his side.

Subjectively: Has aversion to sunlight and eye-balls feel too large; burning sensations in eyes; loves music, but cannot endure it now.

Skin of face feels tense; tongue swollen and feels hot; mouth dry.

Palate dry, but he is not thirsty for water.

Hawks up tough mucus.

Has no appetite. The only thing he craves is domestic beer and juicy fruit.

Has nausea with and without vomiting.

Rumbling in the abdomen, with sensation of distention. Constipation worries him; feels that he must have a movement and when bowels do move he is not satisfied.

Limbs are heavy and stiff; they feel better after he has walked a little.

A tearing sensation in shoulders and arms. Stiffness and cramps in joints of wrists and fingers; finger joints enlarged. Drawing pains in limbs and they seem paralyzed.

Yawns very frequently and is too tired to talk plainly or distinctly.

His eyes are lustreless and glassy. He has no reserve "vital force" and complains that any amount of rest, sleep and quiet give him no relief. "Progressive paresis" is strongly suggested. With fear and trembling I pause to ask: *Are these morbid sensations indicative of a disorder, a well-chosen remedy may cure?* Am I to accept the prognosis of all who have examined this patient and give up the case? No! I will give him one dose of Phosphoric acid 200 (Dunham) and wait.

June 7, 12 M. Patient comfortable and greets me with a plainly spoken "good morning, doctor." He escaped his morning paroxysms of unconsciousness yesterday and today and seems much stronger mentally and physically. Pulse, 88; temperature, 98½; appetite improved; the bowels refuse to move, but there is no discomfort therefrom, except that the nurse is very solicitous and apprehensive. Still craving for beer, hands cold and feet hot. Tries to walk, but limbs are tied up when he begins to walk, but the more he walks the better he feels and the more easily he can control the limbs. Pulse stronger and does not intermit. Eyelids are not so heavy and there is little expression. Tongue moist and less swollen; no nausea; no pain in arms or shoulders; in fact, the patient has no pains whatever, but is exceedingly weak and limbs refuse to obey his will. Placebo.

June 10, 1 P. M. Had a very slight paroxysm, which did not result in complete unconsciousness this morning, and the attack is

not followed with the usual degree of weakness and prostration. He insists upon going into the parlor with me, and that I must sing him a song and was gratified. He then called for his flute, but was persuaded to return to his couch, where while resting he related an amusing story and seemed very hopeful. Pulse, 72; temperature normal; appetite good; craving for beer has abated and a thirst for water prevails. His bowels moved naturally this morning, but during the night he was disturbed frequently with a desire to urinate, a very small quantity at a time, although in the aggregate a large quantity. The sediment was jelly-like and the general appearance milky. Chemical analysis revealed nothing abnormal—a suspicion of prostatic fluid—and he admits an occasional nocturnal emission. He has the sensation of great heaviness in glans while urinating. Placebo.

June 14. Patient has had several threatenings of unconsciousness during the past few days, but the paroxysms were very slight and short. The bowels move involuntarily both day and night; urine is also involuntary. Diarrhea painless, watery, yellow, with mealy sediment; profuse, but does not seem to debilitate; craving for beer returns. Pulse, 80; temperature normal; appetite poor and he relishes nothing. He has no pain or distress of any kind. Placebo.

June 16. Patient unchanged; diarrhea still continues involuntary, character the same; urine involuntary and profuse; great prostration prevails, and while he complains of no pain or distress he is conscious of great weakness and prostration. Pulse, 88; temperature normal. Placebo.

June 18. Great prostration, but no anxiety. Diarrhea and urination still involuntary, but less frequent, and stool is of better consistency; patient much stronger and appetite improving; relishes Valentine's liquid beef and milk. Pulse, 72; temperature normal. Placebo.

June 28. Have visited patient several times since the 18th, but nothing eventful has occurred worth relating until this morning, when patient had a natural movement of the bowels; urine still involuntary. Great prostration continues and mouth is very moist. Saliva runs from corner of mouth continuously and the lips are

relaxed and flabby, and when the patient is half asleep in sitting posture the tongue protrudes from the mouth. Pulse, 72; temperature normal. Placebo.

July 11, 4 P. M. A new series of symptoms are present.

Great anxiety, peevish, irritable and in a melancholy mood.

Speech very indistinct, stutters and vocal organs seem paralyzed.

Mouth dry, mucus collects in throat and cannot be raised easily; must swallow it.

Craves food, but can eat nothing; craves beer; meat nauseates; cramps in stomach; stitches in region of liver; painful distention of abdomen; frequent ineffectual efforts to stool; urine involuntary, dark brown, dribbles away continuously as if sphincters were paralyzed.

Left side of face void of expression and seems paralyzed; cannot speak until he has moistened his mouth with water.

Coughs frequently and is only relieved by a sip of cold water.

Right hand feels paralyzed; both hands tremble; tendons of fingers are contracted.

Bruised feeling in hips; cramps and drawing pains in legs; relieved by warmth of bed.

Paralytic weakness and trembling of all the limbs; restlessness of body at night; much yawning. Causticum 200 (Dunham).

July 5. Had a restless night, with the exception of a few hours, when he slept as calmly as a baby and the Cheyne Stokes respiration, which has been a very constant symptom from the first, was entirely overcome, and the nurse informs me that during his intervals of sleep since it has not reappeared. Urine dribbles, bowels inactive; there is no distress at abdomen or uneasiness at stomach; no pain in hips or limbs, but seems to have no control of limbs. Is more cheerful and tongue not so dry. Is better able to raise the tough mucus. Desire to swallow continuously. Pulse, 78; temperature normal. Placebo.

July 7. Patient very comfortable, but much prostrated. Appetite very poor; no thirst. Sleeps almost constantly; has had no return of Cheyne Stokes breathing. When aroused can comprehend

what is said to him, but cannot respond by reason of the paralyzed condition of tongue. Placebo.

July 9. Much improved; sitting up in bed and asks for something to eat. Nurse says he threw his legs out of bed without help; she found him sitting on the edge of the bed.

Facial expression better; his lips and tongue perform their functions better and the saliva does not run out upon the pillow at night, nor escape from the corners of his mouth when he is asleep in the sitting posture, although the mouth, tongue and throat are very moist and the tough tenacious mucus has disappeared.

He raises easily and moves about in bed and chair with greater freedom; not able to walk by reason of weakness and paralytic condition of limbs.

Is taking more interest in outside matters, makes inquiry for family friends and asks for the paper. Cannot read; there is a mist before the eyes; sees double and eye-lids seem heavy; roaring in the ears. Pulse and temperature normal. Placebo.

July 17. Progress very marked; all symptoms have improved; patient talks more plainly; got out of bed alone and walked out into the dining room without help. Hands are warm and can feed himself for the first time in several weeks; bowels are normal and urination less frequent, and while it is involuntary at times he frequently asks for the urinal and escapes accident. There is much less heaviness of limbs and he can stand alone and walk a very little. The facial paralysis has disappeared, and while the sensation of weakness and prostration follows every exertion he recovers more quickly and gives himself frequent tests of the improvement. His appetite remains good and he calls for solid food and his accustomed variety. Placebo.

July 20. Patient greatly improved; sleeps all night; passes a large quantity of urine, but is not involuntary. Appetite good and he eats heartily of the same variety the family partake of. His bowels move regularly every morning and he walks about the house of his own accord and without help. His speech is a little thick, but greatly improved. His general condition is very rapidly improving and he begins to think about going out into the yard. He sits more erect and looks everybody squarely in the face

and says he has made up his mind to live another ten years. Placebo.

July 23. I find the patient walking about the house; he has been out into the yard and is planning to ride.

This has been a very interesting case to me and its study a delight, and while there may be further "disturbance of the vital principle" in this case later on, one dose of Phosphoric acid 200 and one dose of Causticum 200 have given my patient his "freedom" for the present at least.

Antitoxin: Diphtheria Cases.

A. W. VINCENT, M. D., UNION, OREGON.

I have had some actual experience with antitoxin in diphtheria. A relative of the afflicted family, as soon as the nature of the disease was known, took it upon himself to send over from a neighboring city a doctor with a famous antitoxin reputation.

The father was not a good homeopath, so I turned the cases over to the other doctor, but at the request of both parents I continued to call, and some of the cases, relatives at the same house, insisted on having homeopathic remedies with their antitoxin; and I gave them, for I considered the antitoxin a far lesser evil than the drugs the others were receiving.

CASE I.—Boy, age $2\frac{1}{2}$ years. Antitoxin used quite early and repeated often up to 5,000 units at a time; 2,900 units in five days. Calomel, one grain every hour until eight were given, and more later. Strychnine, one-half tablet every four hours, afterward increased to one tablet every two hours. Eggnog and whiskey and water forced down him, although he fought like a wild cat with his fast going, over-stimulated strength. Adrenalin in the nose didn't stop the bleeding. The membrane would seem to grow less after an extra large dose of antitoxin, but would return again.

After five days it was gone, and the doctor said he would get well; but he was scarcely gone when the little heart, which had

been forced to use all its reserve vitality, suddenly ceased to beat.

CASE II.—The mother. 2,000 units antitoxin at first symptoms of sore throat, and repeated 2,000 to 3,500 units every eight to twenty-four hours. Membrane would loosen after a big dose, and then return or appear on the other side. She also had Calomel and various other tablets and capsules, white and green and purple. Continued six days. Recovered.

CASE III.—Hired girl. Practically the same as the above with the same treatment and results. With all these cases sick at the same time we used all the antitoxin to be obtained in Union, La Grande and Baker City, and some from Walla Walla.

CASE IV.—Girl, age 11; niece of Case II.

This was really the first of the series of cases, and I treated her two days with Belladonna, Diphtherinum and Mercurius viv., with the result that all bad symptoms were well under control and her general condition was excellent. But the throat was looking at its worst and the father had a view of it, and yielded to the antitoxine pressure, which was severe. I didn't turn her over to the tender mercies of Calomel and Strychnine, but continued my remedies and gave antitoxin, 2,500 units, and after twenty-four hours 2,000 units more; after which the membrane rapidly disappeared and she made an excellent recovery.

CASE V.—Mother of Case IV. Gave antitoxin early, but the case developed rapidly, notwithstanding I repeated twice more at intervals of twenty-four hours. Gave at different times Belladonna, Diphtherinum and Sulphur. She was the last to take sick and the first to recover; was in bed only two days. Took care of the other patients when her throat looked worse than theirs.

She developed an erysipelatous rash, spreading from the points where the antitoxin needle was inserted, which yielded to Sulphur cm., but it had to be repeated for a return of the trouble two or three weeks later.

CASE VI.—Boy, age 9. This case I saw at another place with another doctor. Was at a very bad, in fact, the last stage, when antitoxine was given. Died within twenty-four hours.

CASE VII.—Girl, age 4. This case occurred later. The father I had heard remark about so much of that antitoxin "killink so

and so's child." But when I declined to give it to his child he was doubtful.

Thought perhaps we homeopaths were not sufficiently inclined to "take the bull by the horns." I left, telling him to get the allopath if he wanted a bull tamer.

He called him in and then refused the antitoxin and telephoned to me that he would give my medicine until next day. I had left Belladonna 200, which cured so promptly that antitoxin was not further considered. Within two days the membrane was gone.

COMMENTS. From these cases it will be seen that those who had little or none of the antitoxin did far better than those who had much. And it was not that they were milder cases and required less. Case IV. was far the worst case that recovered, and Case V. was for a time fully as bad as any other. The rule followed with the other cases was to repeat and increase the dose every eight to twelve hours, unless there was definite improvement in the membrane.

I kept my cases from taking it oftener than twenty-four hours when there was no change, or, as with Case V., when she was rapidly getting worse, and had the results been different the advocates of antitoxin would have seen ample reason for it in the tardy use of the remedy.

My own little girl, age $2\frac{1}{2}$, was in the house with one of these cases just before I was called, and before I recognized the nature of the trouble. Two days later she began to appear sick. I gave Diphtherinum dnm. Again and again I coaxed and bribed her to let me see her throat—nothing there. She rested fairly well all night and seemed brighter in the morning, but soon began to be weak and trembling. The eyes had a very sick expression and the little hands would tremble as she tried to play. Still she made no complaint. With intense anxiety we watched her swallow every mouthful of food or drink; no trouble at all. In the evening she became flushed and feverish and talked in a playful manner, but with a kind of feverish excitement. I gave Belladonna 200. Started up and talked feverishly a few times during the night, but on the whole rested well. Next morning the tonsils

were enlarged and slightly reddened. Diphtherinum d. m. m. From this time she gradually improved. There was at no time a sign of membrane in the throat. She was not well for two weeks and her tonsils, which were never affected in the least before, have shown a tendency to enlarge and become irritated several times since, but seem to be improving now under Calcareia.

I shall always believe that this was a case of diphtheria aborted with Diphtherinum and Belladonna.

Now as to antitoxin. Let us not attempt to deny that it is an antidote to the diphtheritic poison as injected into guinea pigs, nor that it may have some similar effect in man, and how? Is it the similar remedy in some cases like the nosode? But as a cure-all in man where is the difficulty? Man is not a guinea pig, and the guinea pig, fortunately for him in this case, is not man. When he has the diphtheritic poison injected into him, why that is what ails him; and it is all that ails him.

He does not suffer from miasms and drug diseases acquired or inherited from generations of diseased and dissipated ancestors. But when man gets diphtheria the infection may be but a spark, which starts a fire among the rubbish he has been accumulating for years or generations, and you cannot put out that fire till you dig out some of the rubbish. And this applies to the nosodes as well. Only for previous constitutional conditions the nosode would always be the similimum.

A Croupous Pneumonia and Its Lessons.

BY ROYAL E. S. HAYES, M. D., HAZARDVILLE, CONNECTICUT.

January 9, 1903. Mr. P., æt. 19, clerk, brunette, tall, rather slender but vigorous, strong bony and muscular system, but proportionally deficient assimilating and oxidizing apparatus.

Exciting cause of disease, free exercise and perspiration in dancing school followed by exposure to winds on cold winter night.

Had severe chill that night with numbness of all senses.

January 10, 8 A. M. Patient reticent, drowsy, complaining of headache, aching extremities and general lameness. Catchy respiration, murmur in lower right lung. Temperature, 102.4; Pulse, 95; respiration, 32. Gave Eupatorium perfoliatum tr.

8 P. M. Very restless, occasional cough with bloody expectoration. Dullness over lower two-thirds of right lung. Respiration sounds absent over lower two-thirds, and almost inaudible over whole lung except at apex. Puerile respiration over left lung. Temperature, 105; pulse, 120; respiration, 47. Aconite 1,000, dose every hour. Also applied Alumina and Silica paste, front and back.

11:30 P. M. Condition had grown rapidly worse. At this time the following symptoms were present and guided me to the correct remedy, viz.:

Great restlessness and delirium, alternating with short intervals of coma like sleep.

Determination to remove clothing, requiring constant attendance of nurse to keep him covered.

Rising up and falling back as if too sick to stand up.

Talking in disconnected and interrupted sentences.

If asked a question forgot the words he wished to speak.

This excited state would be followed by three to four minutes sleep, or apparent coma. From this awakening staring, with wrinkled forehead, producing a peculiar expression of countenance.

Cross and irritable on waking.

Circumscribed dark redness of cheeks.

Attacks of epistaxis, dark, thick blood.

Flapping wings of nose.

Respiration quicker while asleep.

Expectoration of stringy blood and mucus with lumps of bright color.

Retention of urine since early morning.

Heavy deposit of albumin.

Watery stools apparently tinged with blood.

Jaundice.

Profuse sweat, which seemed to aggravate the nervous symptoms.

Temperature, 106; pulse, 120; respiration, 55, while asleep.

Lycopodium 1,000, one dose on tongue. After few minutes sharp aggravation, there being great restlessness for ten minutes.

In twenty minutes after taking the medicine the patient was quiet, mind clear; in one-half hour the temperature was falling, and kept falling that night and during next day and night till morning of third day, when it reached 100, pulse 90. Respiration varying with sleep or waking.

Evening of third day the patient rapidly grew $<$, the temperature rising from 100.4° at 8 P. M. to 104° at midnight. This was caused by no outside influence that could be discovered. Delirium, coma and restlessness returned and continued alternately, the temperature remaining high until 8 P. M. next day, January 14th.

No reaction appearing and the patient becoming more prostrated, more thorough examination showed consolidation of lower portion of the left lung, and a specially tender spot over posterior right lung. Soreness of the lung on turning.

Lycopodium 1,000, one dose, was given as before. Prompt subsidence of alarming symptoms, together with temperature, pulse rate and respiration followed.

January 15th the temperature again arose to 103.8° , but was not attended with the nervous symptoms.

Much soreness and tenderness of the spot just below right scapula, which was about the size of my hand. Percussion note over it flat. Other portions of lung clear.

Alumina and Silica paste ordered discontinued, evidently with benefit. All symptoms gradually improved, temperature reaching normal on eighth day. Convalescence rapid.

I was much worried over this young man that first evening. But when the correct remedy appeared to me my mind was at ease, and I felt that all was well. But I was awed at the striking action of the remedy. I did not have the advantage of training in Homeopathy in my college days, but it has not taken many years of practice to find that the potentized remedy which is deep enough in its range of action to correspond with all the symptoms of the patient, including the constitutional tendencies, will quickly

modify the severity of the self-limited diseases so as to bring them to an early and favorable termination.

Antiphlogistics, sedatives and material dosing, adding physiological action, *i. e.*, new pathological states to the diseased ones already existing, are dangerous and harmful. They may modify or suppress one or more symptoms, thereby disturbing the equilibrium of the natural resisting forces, but they cannot liberate those subtle forces which cause a return to and preserve health.

I have since discarded local applications for the same reason.

A Series of Homeopathic Cures.

BY W. H. FREEMAN, M. D., BROOKLYN, NEW YORK.

A BACILLINUM CASE.

November, 1902. Mrs. D., age 30, mother of four delicate children, all of whom are subject to coughs and catarrhs; two children have had pneumonia. Her father died of consumption. Blonde, slight, anemic.

Complains of a profuse leucorrhea, whitish and thick, like boiled starch.

R̄ Borax 200, three powders, one every twelve hours.

Report a week later. Leucorrhea stopped as soon as she began taking medicine, but a severe croup with yellow expectoration, hoarseness and stitching pains in chest has developed. Subject to these chest troubles, and also subject to catarrh with yellow discharge, but this attack is worse than usual.

Her menses have always been early and profuse. Always more or less constipated, and has sick headaches often.

Phosphorus 1m, one dose.

She was kept on placebo for two weeks and kept getting worse. The leucorrhea reappeared and she developed many Phosphorus symptoms not at first complained of.

Nux 1m for the constipation, restless sleep, and for its antidotal effect to stop the proving of Phosphorus.

One week later. She feels considerably better, not so irritable,

sleeps better, bowels more regular; but the leucorrhea, chest and catarrhal symptoms are the same.

Consideration of the following facts led me to prescribe *Bacillinum* 200.

She looked and acted like a *Pulsatilla* patient and had many *Pulsatilla* symptoms; but her menses were too soon, lasted long, and were profuse.

Tubercular family history.

Subject to chest and nasal troubles. Seemingly well indicated remedies fail to relieve.

Bacillinum 200, repeated every two weeks for six or eight weeks, made a much stronger and healthier woman of her, as well as clearing up the chest and catarrhal troubles, the leucorrhea, constipation and headache.

I am convinced that *Bacillinum* is one of the most valuable remedies in the materia medica. It will cover the totality of symptoms and often cure up within a few weeks in certain cases, which, without this remedy, would drag on for months, if not forever. I have found it very useful in skin diseases, enlarged tonsils, profuse and early menstruation, constipation, sick headaches, weak lungs, etc., etc., where there was a plainly marked tubercular diathesis.

It will *not* take the place of Sulphur, Calcarea, *Lycopodium* and other antipsoric and antitubercular remedies; but it will cure a good percentage of cases which are not accurately covered by the older remedies. I have never been successful with it in brunettes; but then, to be truthful, the failure was due to prescribing for the pathology present. It would be better for me to say that I have not as yet seen a brunette whose symptoms did not indicate some remedy other than *Bacillinum*.

A SECOND BACILLINUM CURE.

December 28, 1902. Mrs. C., age 22, short, thin, anemic, blonde; tubercular paternity.

Scabies; covered with scabs and scratch marks, especially worse on hands and between fingers, on arms, chest, back and inner side of thighs. Awful itching. < evening.

Caught disease from relatives while visiting in New Jersey, and since has communicated it to her baby, husband, mother, an aunt and a great aunt, all of whom have the characteristic eruption well marked.

Other symptoms. Subject to nervous headaches; pains violent, shooting from forehead to occiput; < in the house; < lying down; > in the open air. Obstinate constipation since childhood; obliged to take salts about once a week to relieve the headaches, which become much worse when she neglects the bowels too long. Feces small, hard, round lumps with some blood. Bowel movements always accompanied by great straining, severe prostration and nervous crying spells; is obliged to go to bed for the day. Enemas are inefficient and cause great pain; she cannot use them.

Poor appetite, chilliness and cold feet; always worrying, fretful and timid; crying on every possible occasion.

Bacillinum 200, one dose.

January 12, 1903. Eruption disappearing rapidly, feels much better in every way. Itching worse for last day or so.

Bacillinum 10m, Fincke, one dose.

February 1, 1903. Eruption almost gone. Bowels moving normally, and no more headaches. Sac. lac.

June 1, 1903. Been enjoying good health since last prescription.

A BRYONIA CASE.

July 1, 1903. Mr. D., age 63, tall, thin, stoop-shouldered, anemic; in his second childhood.

Sticking, cutting pains in right chest which are < on motion, turning in bed, or taking a deep breath. Temperature and pulse normal. Tongue coated; offensive breath; poor appetite; sensation of a lump in stomach after eating. Obstinate constipation ever since he can remember, bowels never move without salts. Often goes ten days without a motion, but usually takes a large dose of Epsom salts once or twice a week.

Bryonia 45m, Fincke, one dose.

July 8th. Still slight pain in chest at times, but can get about

again and is feeling much better. Had one normal movement this week, the first in a great many years. Bryonia 45m, one dose.

July 15th. Bryonia 45m, one dose.

July 22d. Bowels now move once daily; he thinks it is very remarkable.

A NUX VOMICA CLIMACTERIC.

May, 1902. Mrs. H., age 46, tall, well-formed blonde; change of life. Hypochondriacal and very loquacious. Has a different, interminable and confusing list of ailments and symptoms to report at each visit.

The only constant and definite symptoms reported during different visits were: Obstinate constipation which could be relieved by cathartics only, and for which enemas were of but little avail; sleepless nights and great day sleepiness; hot flashes; cries easily and feels irritable; indigestion, bloating and eructations of gas, and several large hard cicatrices of the cervix uteri.

Pulsatilla, Ignatia, Sepia, Sulphur, Cimicifuga, Kali carbonica and Lycopodium were given at different times, covering a period of three or four months, with but little benefit.

After returning from the country in September with a severe attack of dysentery, which was immediately relieved by Nux vomica 30, in solution, I saw no more of her for about six weeks, when she informed me that her bowels were moving normally every two or three days at least. Since then she has secured great benefit from occasional doses of Nux vomica 1,000.

A Series of Convincing Cures.

SUPPRESSED ECZEMA REPRODUCED BY PSORINUM.

BY PAUL B. WALLACE, M. D., GREELEY, COLORADO.

On March 2, 1893, Mr. A., aged 40, nervo-bilious temperament, tubercular diathesis, received an injury to his left leg, resulting in necrosis. Amputation advised and performed seven years ago.

In October, 1902, he received a fall and injured the knee of the right limb. Was confined to bed three months, taking morphine to relieve pain until his bowels refused to perform their normal function.

Eczema developed all over the body, < at night, < about elbows and other joints. Zinc ointment applied daily all over the body.

The knee, which up to this time was movable, now began to swell and became red and hot, and so stiff could not move his leg but half an inch. Muscles weakened, almost to entire loss of motion. The old school physician now said: "All had been done that could be done," and left him to develop a chondroma of the inner condyle, without further assistance.

On March 2d I was called to see if Homeopathy could "make that knee bend." I made no promises but took the case as carefully as I could and said I would try to bring back that eruption, which nearly lost me the case. However, as I told him the suppressed eczema undoubtedly increased the danger to his knee he decided to let me try to undo what had been done.

Very few symptoms could be gotten. He felt well, slept well, bowels were now regular, appetite good. The extensors were emaciated. The reflexes were normal. Muscles in lumbar and gluteal regions were contracted and lame. A great deal of pain, < on motion, in the anterior crural and external cutaneous nerves. An apparent chondroma of inner condyle, swelling and soreness. Urine showed urea +, otherwise normal.

Gave Psorinum 42m, one dose. Placebo for two weeks.

March 12th. Eruption in form of small red pimples appeared on elbows and back of arms. Itched continually, < night.

March 23d. Felt very well, "knee pained less in damp weather." Very cross and irritable, bowels sluggish, but frequent urging.

Gave Nux vomica cm., one dose.

April 1st. Eruption increased on arms, elbows and appeared also on back. Lasted only about five days. Swelling and lameness gradually lessening. Could put some weight on foot.

May 25th. No apparent improvement for two weeks. Took the

case all over again, looked it up in repertory, and prescribed *Sepia* cm.

June 2d. Greatly improved. Can bear weight on foot; knee not painful nor sore. Slight enlargement of inner condyle still but motion of knee increased to what it was before injury.

A SILICEA CONSTIPATION.

CASE NO. II.—March 13, 1903. Mr. K., sanguine-mental, age 28. A grocer. Constipated since pneumonia three years ago. Stool large and difficult to pass. Headache beginning in occiput in A. M., goes up over head to right eye, < at noon, > night.

Sleepy before attack comes on. Back aches in sacral region, < at night. Feet sweat and are sour smelling. Has a headache once or twice a week, and has to quit work on account of them.

Gave *Silicea* c.m. March 15th.

March 20th. Had two slight headaches but no vomiting as formerly. Had two normal passages.

April 13th. Has had no headaches since March 20th. Bowels regular, and back hasn't troubled him any.

July 3d. Has had no headaches nor any other trouble.

A CASE OF INFANTILE PARALYSIS.

CASE NO. III.—April 6, 1903. Child born March 27, 1901, sanguine-vital temperament. Formerly lived in Wisconsin. Had had convulsions daily since three weeks old, due to nursing a few minutes after mother had severe fright. These convulsions ceased the day leaving Wisconsin, and have not reappeared. The use of right side impaired; arm, leg and right eye-lid. Leg drawn up, arm would not pronate. Constipated, kicks covers off, anus slightly red and irritated. Pimples on face and chest; anterior lobe of brain over-developed; right lumbar region contracted. Spine sensitive, < at ten dorsal and five dorsal vertebrae. Child could not stand nor walk.

One dose of Sulphur c.m. was given April 6th.

April 16th. Mother thought the child showed some improvement in that "she got up beside a chair without help." Pimples cleaned up entirely.

April 17th. Exposed to small-pox. Vaccination was not advised, but Malandrinum c.m. was given, resulting in shot-like feeling under skin on forehead. Cross and irritable on fourth day after.

May 1st. Walks instead of creeping. Cannot raise right foot to walk over an inch and a half door mat. Drags right foot a little.

May 29th. Sulphur c.m. "Has rested quietly at night until lately."

June 17th. Improvement gradual. Can walk over a block now without any help. Bowels still inactive, stools hard and in dark balls.

Gave Opium c.m.

June 23d. Had a diarrhea, first in her life. Placebo.

June 30. "Can use right hand to hold cookie while eating, and walks or runs everywhere."

Cases like these are what strengthen the faith of the young practitioner in the potentized drug. I cannot figure it out, but am content with the results obtained. I could report cases which have yielded no results, but I believe it was because I failed to find the simillimum.

Proctalgia.

BY A. M'NEIL, M. D., SAN FRANCISCO, CALIFORNIA.

B. V., aged 16, tall, slender, growing rapidly; has aphasia so that he can express but little that is intelligible. He had two weeks ago a mild attack of malarial fever, which Bryonia and Rhus cured in four days. But he did not get up, although no pain or fever was present.

On March 27th his father called and informed me that Blaine was having sudden pains, making him scream, and that he located the pains in the anus. Kali carbonica 30 did nothing.

On April 1st I was called to see him. I examined the anus, no piles, fissures or the like were present. I could learn nothing else except that I perceived that there was a bluish whiteness around

the mouth exactly the same as the well-known symptom of Cina; but there was no itching of the nose, which is so often present when that drug is indicated.

COMMENT.—This symptom of Sabadilla is not mentioned in the Guiding Symptoms nor in Allen's Encyclopedia, but I have discovered it clinically. At first I gave it when Cina had failed. Afterwards I gave it when Cina had not been given. I gave my patient one dose of Sabadilla 30. Next day the pains were gone and he was well.

These sharp, sudden pains in the anus are not mentioned in the Guiding Symptoms or in Allen's Encyclopedia, and yet I cured it by the aid of another clinical symptom, which I have confirmed fifteen times, as noted in my guiding symptoms. Permit me to call attention to this symptom for use and confirmation. I think I am justified in proposing it as a "key-note."

There have been many objections urged against the acceptance of clinical symptoms into our materia medica by men whom I regard very highly for their skill and devotion to the principles of Homeopathy. But I beg leave to differ from them. Assuming the truth of the law of the similars, no drug can cure a symptom *unless it is capable of producing it*. To him who has drunk in the philosophy of Homeopathy it will not be necessary to demonstrate this statement. Every time we cure a symptom with a given drug that symptom has received a new evidence of its genuineness and usefulness. It is a duty which we owe to each other and to humanity to record these confirmations. For good or for evil we have practically ceased to prove drugs pathogenetically, but we can do much to enrich and strengthen our materia medica by thus noting cured symptoms.

Hering pointed out how to purify our materia medica, not by arbitrarily rejecting symptoms, but by recording all the confirmations until a symptom thus rose in rank from a plain pathogenetic one by one confirmation after another till it became a grand characteristic. And this may be applied to purely clinical symptoms as well as pathogenetic ones.

ASTHMA.

Mrs. P., aged 70. A patient told me about the above-mentioned, that her nails were so strange. On both hands and feet they were thick, dark and rough, scarcely like the nails of a human being. I was called at midnight of November 25, 1902, to see this lady. I found her sitting up in bed struggling for breath. She thought she was going to die, but was not afraid. Warmth gave >. In short, it was a bad case of asthma; her nails were just as I have described. I gave her Antimonium crud. 200, one dose dry. I waited a half hour till I saw an improvement.

Next day better, and the two following also. She continued to do well till March 17, 1903, when she wrote me that she had taken a cold and her asthma had returned.

I sent her Antimonium crudum 200, to be dissolved in water, and one dose to be taken then. Placebo.

She afterwards called. Her nails are thinner, more transparent, and more like those of the *genus homo*. Her asthma has not returned.

This is a striking evidence of the necessity of being acquainted with the characteristics. While I do not assert that a knowledge of them is sufficient, yet without the study of them it is well-nigh impossible to obtain a good working knowledge of our materia medica.

Homeopathy In Clinical Surgery.

BY C. E. FISHER, M. D., CHICAGO.

I have recently had a series of successes so satisfactory in nature that I consider some of them worth reporting, exemplifying, as they do, so plainly the relation of careful prescribing to surgical conditions that there can be no misunderstanding of the connection.

RED UTERINE FIBROID.

CASE I.—Miss C., teacher, aged 43. Thin, delicate, exsanguinated from long-continued hemorrhages from a large uterine

fibroid, which followed the intra-uterine use of electricity for many months, and to which the growth of the tumor and the subsequent hemorrhage were attributed by the patient and her physician. Had been under the professional care of Dr. H. C. Allen for a period of three years or more, consequently had had efficient homeopathic prescribing. For some months Dr. Allen had been bringing her up to an operative condition, because he had come to realize that her system responded to medication only to a certain point, and that she could not be brought further toward recovery. Her tumor had so outgrown the limits of the pelvis that it gave her the appearance of a woman five or five and a half months advanced in pregnancy, this being a source of annoyance to her, to say naught of the discomfort the growth caused, or of the floodings and exsanguinations which arose therefrom.

Admitted to the hospital on June 16th in fair condition, but very anemic. I operated on the following day, assisted by Dr. Frank Wieland, performing an abdominal hysterectomy, removing uterus, tubes, ovaries and the large red fibroid, which had intramuralled itself throughout the uterine tissue, an appendectomy being also required because the appendix was found to be greatly enlarged and distended to all but bursting with pus, notwithstanding there had been no symptoms calling attention to this organ. The various operative procedures, including the complete covering of the pelvic wound surfaces with peritoneum, so that no raw tissues were left exposed, required an hour and a half of time. Toward the close normal salt solution was freely used in the pelvis and abdomen, at a temperature of 112° , this serving to avert shock and put the patient in about as good a condition when she was taken from the table as when she was placed upon it.

The patient made an ideal recovery, the only retardation arising from a subintegumentary abscess from impure suture material. On the tenth day she was sitting up, on the fourteenth was about the hospital, and on the twentieth went to her home, distant from the hospital on the South Side about twelve or thirteen miles away, on the West Side of the city. At four weeks she was out street car riding, and on the sixth weekly anniversary of the

hysterectomy came to our city office, in better general health and appearance than for years.

Such a result could not well have been possible had this patient not had very accurate constitutional prescribing prior to and after operation. Because of dyscrasia treatment she was ready to boom the moment the tumor was excised, and boom she did. To those deep constitutionals, Sulphur, Psorinum, Kali carb., Calcarea and Tuberculinum, as required, is attributed much of what is acknowledged at the hospital, which is of the old school, to be a most gratifying success.

CYST-ABSCESS OF OVARY. GENERAL COMPLICATIONS.

CASE II.—This is Dr. Allen's Paris patient. Blonde, aged 30. Father died of phthisis pulmonalis; mother never very well, now ten years beyond the climacteric, and quite invalided. Six years ago this patient had a trachelorraphy done in this city. Her menstruation has been gradually declining for four years, with more or less pelvic distress of various kinds, and no little stomach derangement of the flatulent dyspeptic type. Under the best medication of which Dr. Allen was capable she was kept in a fair degree of health, temporary improvements being noted in the quantity and character of the menses from time to time, but with general tendency toward amenorrhea.

In January she went abroad, and in March was induced to submit to a cervical amputation in Paris, because of the scantiness and painfulness of the menstruation, it being held out to her there that the deficiency was due to a stenosis of the cervix incident to her trachelorraphy. Instead of relieving her, however, this operation, though skilfully done, proved a failure, and her condition went from bad to worse until finally three of the best physicians and gynecologists of the French capital, Pozzi, Casin and Gros, had her in charge and despaired of her life. Dr. Allen being then called to her bedside he found her emaciated, cachectic and a great sufferer. By this time her condition had been diagnosed as ovarian abscess, "with the left tube engorged with menstrual blood and likely to burst" with fatal results at the next menses. In fact, her Parisian attendants urged immediate operation as her

only recourse, and declined to be a party to any responsibility connected with Dr. Allen's effort to bring her back to America unoperated. But, as he put it to them, they did not know the power for good of the homeopathic remedy, and he easily and successfully accomplished that which they said was not possible, the patient being comfortably homed in Chicago before their disclaiming message to the family arrived.

For five weeks Dr. Allen prepared this patient for the knife, if it had to come to that at last, in the meantime considerably improving her condition, lowering her temperature outbursts, increasing her digestive capacity, and making her much more comfortable than the wise men of the East had been able to do. At last, however, it became apparent that remedies could do no more unaided, and the case was turned over to me for operation. And of all the operations I have performed this was one of the most unpromising and complicated. There was a large suppurating ovarian cyst on the left side, with general hyperplasia of the tube, broad ligaments and connective tissue on that side, until the whole mass was almost fibrous in character, dense and agglutinated. There was neither pus nor blood in the tube, but it was occluded, swollen to a dozen times its normal size, and adherent to the uterus and broad ligament throughout its length on one surface, and to the psoas and iliacus muscle on the other. The fundus uteri was crowded over into the right iliac fossa and up against the cecum and appendix, the sound almost reaching the crest of the ilium when inserted and passed to the right cornua. Along the upper border of the left tube and across the fundus the ileum and at its extreme right upper corner the cecum and appendix were firmly attached, the appendix in a state of suppuration, with an abscess cavity therefrom eaten clear through the peritoneum of the fundus. From this there escaped a teaspoonful of ancient pus.

It required two hours to separate the various agglutinated and adherent tissues, remove the various necrotic structures, excise from its bed the suppurating ovarian cyst, and effect a decent peritoneal toilet. The case looked so uninviting upon primary inspection that twice was it about decided to close the abdomen and

leave the woman to her fate. But persistence was rewarded, the Mikulicz drain was established in the wound, and the patient was put to bed almost defunct, after the most thorough drenching of the operated area and intestinal cavity with normal salt solution.

Dr. Allen took medical charge, administered *Staphysagria* for the shock likely to follow upon so extensive a wounding of the abdominal structures, and followed this from day to day with the patient's constitutionals, the result of operation and treatment being simply marvellous. At no time did the temperature rise to 100° Fahrenheit. On the fourteenth day I accompanied the patient from the improvised operating room in her new apartment to the dining room to lunch; and from that day on she has been up and dressed, about her rooms and out on the front porch, rapidly convalescing, free from pain and pelvic distress, her gastric condition greatly improved, her cachexia disappearing, her eyes bright and animated, her ensemble better than for some years past.

Later.—She has since had a free normal menstruation, the first in years, and goes at will about the city, shopping, to theatres and calling upon friends at pleasure.

Who will doubt that Homeopathy played a very important part in preparing this patient for her surgical ordeal and in insuring such gratifying success in so short a time? No one who has operated with and without its help, or who has witnessed cases of all degrees of severity in allopathic, quasi-homeopathic and no-pathic hospitals. My assurance that correct Homeopathy plays an important part in surgery is so well grounded that in no instance coming under my care is it neglected or abused.

Why all this pathology was overlooked in March by the Parisian operator at that time is for him to explain. Its age implies its presence and failure of recognition.

TWO CHOLELITHOTOMES.

CASES III. AND IV.—Cholelithotomes. One subject a young woman, the other an elderly woman, both bearing the usual history of gall-stone colic, vomiting, collapse and jaundice. The first of the two also had appendicitis, which, by the way, is commonly associated with gall-stones and catarrhal and infective pro-

cesses of the gall-bladder and ducts. In both there was secondary biliary fistula, the bile draining over the abdomen for months. In Case III. I did a repair, but it was not effectual, and the bile fountain continued to flow. Finally, *Natrum muriaticum* was called upon in the 1m. In the elderly subject, Case IV., it did its work promptly, the jaundice clearing up in three weeks, though present for a year with but little interval of clearness, the chills subsiding, the digestion becoming normal, the patient in every way securing perfect restoration.

The other case, No. III., did not respond, and I went more carefully into the history, ascertaining that the subject has lost both father and mother of phthisis. Beyond this I got little to work upon, except that there was malaise, inability to perform the usual functions of maid without excessive fatigue, there was dull headache in the morning, and a disposition to easy perspiration, rather excessive at night. The facial expression was that of a phthisical subject in the incipient stage, so three doses of *Tuberculinum*, in the 1m, were given, two weeks apart, with placebo every night. Fair general improvement followed upon these prescriptions, and then the symptoms clearly pointing to *Natrum muriaticum*, a dose of the 1m was given every other night for two weeks. This did the work, her next visit to my office revealing a woman in great joy. "Oh, Doctor, it has quit running: I believe I am cured."

And so she is. But it took the deep-acting constitutional to pave the way for the *Natrum*. Case IV. had had the regulation allopathic prescribing for a year, yet *Natrum* did her cure in three weeks. The other subject had had *Natrum* for two months without effect until after the *Tuberculinum* had in some way impressed the dyscrasia, and then *Natrum* showed its prowess.

I might cite a number of other interesting capital cases in support of the contention, but these must suffice for the time. It has come to be a common remark among the nurses at the old school hospital, at which, because of its convenience, most of my operating is done, that our cases are the prize cases of the institution, to which praise I point to my little pocket case and reply: "To this more than to the operator belongs the credit."

“Let the Law Direct and Experience Confirm.” *

BY GUERNSEY P. WARING, M. D., H. M., EVANSTON, ILLINOIS.

Introductory paper by the chairman of the Materia Medica Bureau, Illinois State Society.

The quotation placed at the head of this bureau is one of Dr. Kent's aphorisms and contains a truth worthy of careful consideration.

Law and experience have reference to medicine as well as to other sciences, and the relationship, as homeopaths see it, is expressed in the above quotation.

“The law of cure,” as promulgated by Hahnemann and accepted by all his true followers, is founded upon the fact that there are fixed principles upon which the science of medicine is based.

“The law of cure” is the working plan by which these principles become operative—*similia similibus curantur*.

Becoming operative and applied to the sick, consistent with this law or working plan, curative results must naturally follow in all curable cases.

Practice of medicine, not homeopathic, consequently not based upon law or having fixed principles, is naturally based upon experience—the knowledge obtained by experiment and observation.

Experience being the only guide, such practice, disavowing if not denying both principles and law, must lead into empiricism.

Experience comes as a sequence—a result—that which follows the operation of the law.

Experience can never be prior to the principles and law and of little or no value if not consistent with both.

Law is the working plan of nature.

Experience our knowledge of that which is created.

Law furnishes the condition favorable for the seed time.

*By a mistake omitted from introduction to Bureau of Materia Medica of which Dr. Waring was chairman.

Experience reaps the harvest true to the seed sowing.

Law is the operation of first principles—an active state.

Experience is the observation of this activity—a passive state.

Law fixes and holds the worlds in space.

Experience beholds the wonders of the universe.

Law is unchanging and immutable.

Experience, ever varying, depending upon the viewpoint of the observer.

Law is the guide board directing human effort to success.

Experience confirms the wisdom of such a course.

Law designates the course of rectitude and right.

Experience the happiness or sorrow resulting, depending upon obedience to the law.

Law built the human body capable of continuous health.

Experience determines whether we as tenants violate and antagonize the law.

Law is nature's rule to establish and maintain order.

Experience demonstrates that only confusion and chaos reign if the rule is violated.

Law is the process by which truth is promulgated and established.

Experience should "prove all things and hold fast to that which is good."

Hence, experience in the practice of medicine which does not conform to the law, or as expressed in our test, does not "confirm the law," will naturally lead away from truth and into error.

To perceive and sustain the truth "let the law direct and experience confirm."

To permit experience to direct, without respect to the law, is beginning at the wrong end—reverses the eternal plans of nature.

A practice of medicine directed by law must take into account; first, the beginnings of sickness; second, how expressed during the course of development, and, lastly, and of the least value, the results as manifested in structural changes or pathology.

The doctor *directed by experience* begins with pathology, the result of sickness, revels in bacteriology, physiological conditions, and serum-therapy, and usually gets no farther.

Such knowledge and experience has its important value, but cannot become a reliable basis for treatment.

A practice based on experience places "the cart before the horse."

Practice based upon law is a left occipito-anterior position supported by normal labor. A practice based upon experience is a breech presentation "with the mother in a faint."

The old school doctor, who, by tradition, inheritance, education and prejudice, adheres to a practice based upon experience, not knowing the law, deserves some sympathy and respect.

Very different, indeed, is the doctor, who, born into the "homeopathic kingdom," knowing at least something of the law, yet practices like the allopathic doctor, invites just what he usually gets, the criticism and contempt of both sides.

Practice based upon the law recognizes that the law operates from center to circumference, from within out. The human body is built that way and cared for upon the same plan. All elimination of waste from the body confirms the law; consequently the treatment to be consistent and in harmony with law must act from within out, from the vital force to the physical man, from the patient to his organs.

A practice based upon experience tends to the opposite course. The physical man, his organs, his diseased parts, the pathology and the results of disease, are always seen first and generally nothing more. Hence, the treatment only of organs, affected parts, eruptions, external manifestations—treatment from without in, from circumference to center, from the organs of the man to the man himself, if he is thought of at all. The law is antagonized and the patient neglected.

Talk about uniting those two schools of practice. As well try to unite the sun with Lake Michigan, representing as they do opposite elements. Bring them together and Lake Michigan would go up in vapor and the sun would continue to do business as if nothing had happened.

That is what would result in the combination of the two schools of medicine; the law would be dishonored and Homeopathy would be vaporized.

Those in the profession who are identified with the homeopathic

school, but base their practice upon experience, giving allopathic treatment, they can easily unite. They have surrendered already and belong in the allopathic ranks. They are prodigals away from home. However, they differ from the historic prodigal in one important particular—they are away from home and evidently don't know it.

My appeal in this introduction to the Materia Medica Bureau is to the friends of Homeopathy to adhere to the law; "let the law direct and experience confirm."

The law contains the truth. To ignore the law is to dishonor the truth.

PUTS THE BAN ON INDECENT ADVERTISEMENTS.

Dr. E. R. Ellis, the veteran homeopathist of Detroit, presented an amendment to the Nottingham bill in the Michigan Legislature at its late session, for the suppression of indecent medical advertising in newspapers. The amendment was promptly passed by the Legislature, and is the successful culmination of years of hard work and agitation on the part of the medical profession for clean newspapers in the State of Michigan. The question should now be taken up by other states and the evil of immoral and injurious advertising be placed under the ban of rigid laws. Michigan is the first State of the Union in which such a bill has been passed. It was tried in Colorado, but the governor vetoed the bill, presumably at the instigation of the newspapers, which fatten upon this foul advertising. The amendment of Dr. Ellis has met with the hearty approval, not only of individual physicians all over the State of Michigan, but the chief medical societies and medical journals in general. He is to be heartily congratulated on his work.

The Medical Advance

AND

Journal of Homeopathics.

A Monthly Journal of Hahnemannian Homeopathy

When we have to do with an art whose end is the saving of human life any neglect to make ourselves thoroughly masters of it becomes a crime.—
HAHNEMANN.

Subscription - - - - Two Dollars Per Annum

The editor is responsible for the dignity and courtesy of the magazine, but not for the opinions of contributors.

The Advance does not send sample copies unless asked for, and has no free list. It is published for the medical profession in the interests of a purer homeopathy, of scientific therapeutics.

To accommodate both reader and publisher this journal will be sent until arrears are paid and it is ordered discontinued.

Contributions, Exchanges, Books for Review and all Communications should be addressed to the Editor, 5142 Washington Avenue, Chicago.

Communications regarding Subscriptions and Advertisements should be sent to Lancaster, Pa., or 5142 Washington Ave., Chicago.

SEPTEMBER, 1903.

Materia Medica Brain.

It is an axiom that there are different types of brain and different degrees of mental activity just as there are varieties of individualities in every sphere of human effort. Yet to a great extent the brain is what we make it. Genius for the study of *Materia Medica* is only another name for hard work. It requires mental application, persistent effort, to master the technicalities of anatomy, chemistry or physiology and a similar application will master the working basis of the *Materia Medica*.

In the discussion of Dr. Cowperthwaite's paper reported in our July issue, Dr. Mary E. Hanks said:

The fact is this: There are but few of us who, like them, have good *materia medica* heads. I can never remember which drug has the peculiar symptom of being worse when standing on the left foot in the open air or which is better from the same position; what drug is worse ten minutes

past 3 o'clock in the morning, no matter whether your clock is right or wrong. (Laughter.) I cannot remember.

I said to Dr. Allen once: "I wish I could do as you do," and he insisted that it is easy, but I know it is not. Once in a while I get the right remedy and make a brilliant cure. I am not saying this because I believe it cannot be done, but because all people have not the same kind of a head for remembering these things, as Dr. Cowperthwaite or Dr. Allen. I believe, also, that this is one reason why physicians are not all homeopaths and why some of our graduates take up allopathic practice. They cannot remember these peculiar symptoms and are discouraged by their failure to do so. They believe that unless they can do all the things these men do they can never succeed, so they resort to the easier methods of the old school.

Dr. Hanks, like a large majority of the homeopathic profession, has no doubt been chasing that will-o'-the-wisp, the so-called physiological action of a drug, from the days of college life to the present moment. And there is no question about it being a delightful and entrancing study; so is pathology, yet a correct homeopathic prescription cannot be based on either or both. "Homeopathy is not built that way." On the other hand, the symptomatology of the *Materia Medica* was never intended to be memorized. Like the *Century Dictionary*, it is a work of reference. No man or woman, even with the most brilliant and retentive memory, can accomplish such a task; and it would be as useless as it is impossible if they could, besides it is neither scientific nor necessary in the practice of Homeopathy.

But a student can master the guiding or characteristic symptoms, the landmarks of a remedy—the characteristics which determine its individuality—by an ordinary degree of application just as easily as he or she can commit to memory a number of favorite prescriptions. While a single symptom no matter how characteristic it may be, or how often it has been verified, never should form the basis of a prescription; on further investigation it may be found the pivot around which the totality of a case may revolve. In such a case a fair knowledge of the modalities of a remedy—the aggravations and ameliorations—may aid in rapid differentiation in prescribing. It was a mastery of the modalities that enabled Dr. Lippe to become the most accurate and rapid prescriber our school has ever produced. And yet no man ever studied his

cases more carefully, especially in the anamnesis, than he. The time of aggravation, the periodicity, that stumbling block of the materialistic homeopath to which Dr. Hanks applies such fine sarcasm, we have found very helpful in practice, and it does not require in our experience very serious inroads on the gray matter of the materia medica brain to remember some of the principal hours of our best proved remedies. The aggravations of:

Arsenicum, 1-2 A. M. and 1-2 P. M.

Kali carbonicum, 2-4 A. M.

Calcarea, Thuja, 3 A. M.

Sulphur, 3-5 A. M., early morning, driving out of bed.

Nux vomica, 4-5 A. M., early waking, cough and innumerable other ailments.

Arnica, Hepar, Nux vomica, 6 A. M.

Bovista, Bryonia, Eupatorium, Podophyllum, 7 A. M.

Eupatorium, Podophyllum, 7-9 A. M. in fevers.

Natrum muriaticum, Stannum, 9, 10, 11 A. M.

Chininum sulph., Natrum mur., 10-11 A. M.

Cactus, Baptisia, Natrum, Nux, Sulphur, 11 A. M.

Sulphur, weak, faint, all gone sensation, 11-12 M.

Lachesis, 12 M., with great regularity.

Angustura, Antimonium t., Apis, Cedron, 3 P. M.

Cedron, sick headache every other day at 11 A. M.; epilepsy, premonitory symptoms precisely same day that flow begins; convulsions occur regularly at every menstrual period; at same period of pregnancy tendency to miscarriage.

Aranea, toothache, neuralgia, daily at precisely same hour; fever or chill at same hour.

Apis, Lycopodium, Pulsatilla, 4 P. M.

Kali carb., Pulsatilla, Rhus, Thuja, 5 P. M.

Hepar, Rhus, Silicea, 6 P. M.

Lycopodium, Rhus, 7 P. M.

Ammonium mur., Lac de floratum, Sulphur, every seven days.

Arsenic, Carbo veg., Lachesis, Psorinum, Rhus radicans, Sulphur, Tuberculinum, attacks return at same day, or week, or month, yearly.

Rhus radicans, yearly recurrence at same hour of day.

Dr. Lippe has reported some remarkable cures of hemorrhage and epilepsy made with a single dose of Sulphur or Calcareo given "at the new moon." Why this monthly periodicity we cannot explain. Neither can we explain why the ocean tides are affected by the phases of the moon or why we have to do with other monthly cycles, or why any remedy produces or cures a periodic aggravation in any sickness.

These few familiar time aggravations are of great value in differentiation, and can be used successfully in the cure of the sick without being memorized. In taking the anamnesis note the aggravations and ameliorations, use the repertory and find the remedy.

But the trouble with Dr. Hanks and others who "cannot remember" is that they do not practice Homeopathy as given us by Hahnemann. Not one in one hundred pretends to follow the practical teachings of the Organon, or perhaps it would be better to say they never heard of them. To them this bible of Homeopathy has been a sealed book; and when they complain they cannot or do not practice Homeopathy because they "cannot remember" all the symptoms of the materia medica, they simply proclaim the defective teaching of Alma Mater. They were never drilled in the first principles of how to cure the sick. They have never heard of Hahnemann's masterly advice, *HOW TO EXAMINE THE SICK*, every word of which was new and unheard of in the history of medicine until given by Hahnemann. Without that painstaking examination—the written anamnesis—no homeopath can do otherwise than occasionally make a haphazard cure, or as Dr. Hanks and others put it, "once in a while I get the right remedy and make a brilliant cure." Every Hahnemannian can make "brilliant cures" in all curable cases if he or she will practice Homeopathy as taught by the master and not depend on the memory. Others as firmly believe in the law of similars, are intensely loyal to Homeopathy, but prescribe for the disease instead of the symptom totality of the patient, just as the allopath does, and then complain that they "cannot remember." The practical rules of Hahnemann; how to take the case; how to differentiate; how to distinguish between diagnostic and therapeutic symptoms,

between the common and valuable ; how to find the remedy by the use of the repertory and how to use it after you find it, does not depend on memorizing the symptomatology of the *Materia Medica*.

It is unfortunately true that many graduates from homeopathic colleges practice an empirical or quasi Homeopathy, and some even "take up allopathic practice," not because they "cannot remember" peculiar or characteristic symptoms, but because they were never taught the first elements of a homeopathic prescription. They are not to blame ; the sin lies at the door of *Alma Mater*. The so-called "physiological action of drugs," the "grand starting points," the action on "the ganglionic nerve centres," or "the cerebro-spinal or sympathetic nervous system," or "the sequence of remedies," or "the pathology of the case," in fact, the latest vagaries of scientific name which every tyro can change according to the latest fad or fashion ; everything but simple, pure Homeopathy is in their line of work.

A characteristic is a pathogenetic or clinical symptom that has been repeatedly verified, and a student or practitioner should memorize some of these chief symptoms of the leading remedies of the *Materia Medica*. "Three points of rest, according to mathematics, being enough to support any object, we may assume that three characteristics may be sufficient to make a cure very probable." Every student of *Materia Medica* will recognize the following, for has he not verified them on many a hard fought field :

Aconite, the mental anxiety, thirst, fever and typical restlessness.

Ambra, the presence of others, even the nurse, is unbearable during stool.

Arsenic, burning pains > by heat ; drinks often, but little at a time.

Belladonna, red face with pain or fever ; cannot bear jar of bed or couch.

Bryonia, headache from rising ; < from motion.

Borax, child screams before urinating ; < from downward motion.

Cactus, constriction ; whole body feels caged.

Calcarea, head sweats profusely when sleeping.

Carbo veg., desire to be constantly fanned.

Cinchona, ailments from loss of vital fluids, especially hemorrhages.

Colocynth, colic, causing patient to bend double.

Glonoine, sunstroke or sun headache; inability to bear the least heat.

Ipecac, constant nausea in all diseases.

Lycopodium, fan-like motion of the alæ nasi.

Lyssin, the sight or sound of running water < all complaints.

Mercury, the large flabby tongue, showing imprints of teeth.

Muriatic acid, great debility; sinks down in bed.

Nitric acid, pains; sticking, pricking as from slivers.

Opium, heavy sleep, with stertorous breathing.

Psorinum, body has a filthy odor; all excretions smell like carrion.

Pulsatilla, weeps easily, even when telling her ailments.

Pyrogen, the bed feels hard; parts lain on feel sore and bruised.

Rheum, child has sour odor even after bathing.

Sepia, pressure and bearing down, as if everything would protrude from pelvis.

Sulphur, complaints that are continually relapsing.

Veratrum, cold perspiration on the forehead.

Study the Organon, especially paragraphs 95, 101, 102, 104, 153, 164, 165, 178, and then if you embody their principles and follow them carefully in your practice you will soon see a beauty and a scientific accuracy in similia to which you have hitherto been a stranger. It is not a defective memory that is at fault; it is defective homeopathic methods of work.

A Salutory and Blessed Business.

It is doubtful whether in the various designations of the duties of the homeopathic physician which have been applied since the days of Hahnemann there has been given thereto a better title than "a salutory and blessed business," words of the Great Reformer in the preface to the fifth edition of the Organon. Follow-

ing upon a brief but caustic arraignment of the practices of the Old School of that day he has this to say of the Homeopathy of which he was founder :

"With regard to Homeopathy it is quite otherwise. It can easily convince every reflecting person that the disease of man depend upon no substance, no acridity,—that is, no material principle of disease—but that they are solely spiritual derangements of the spiritual power that animates the human body. Homeopathy knows that a cure can only take place by the reaction of the vital force against the rightly chosen remedy that may have been administered, and that the cure will be rapid in proportion to the strength with which the vital force still prevails in the patient. Hence Homeopathy avoids everything in the slightest degree enfeebling, and as much as possible every excitation of pain, for pain also diminishes the strength; and hence it employs for the cure only those medicines whose effects in altering and deranging the health it knows accurately."

Here lies the chief factor in this blessed business. Homeopathy "knows accurately" the agents it uses, knows their power for good, and knows their power for harm. From these, Hahnemann says, further on, it selects one—not two or three or four, either in alternation, rotation or succession, but one, and only one—whose health-altering power is capable of removing the natural disease in question by similarity, and this—not these—it administers to the patient "simply and alone, but in rare and minute doses," with this result, that without weakening, injuring or torturing him in the very least the natural disease is extinguished and the patient, even whilst his cure is going on, gains in strength and thus is cured—an apparently easy but actually a troublesome and difficult work, and one requiring much thought, but which restores the patient to perfect health, without suffering and in a short time"—"and thus it is a salutary and blessed business."

We hear a great deal these days of what Hahnemann would and would not have been and done were he living. But the only basis upon which the profession has the moral right to attempt to judge of what he might be and what he might be doing today is his own life and work. In this preface to the *Organon*, the last he wrote, he voiced the foregoing emphatic platform upon which rested then the kind of Homeopathy he enunciated and practiced.

There is neither reservation nor equivocation about it. Homoeopathy selects but one agent, selects it accurately, gives it in rare and minute doses, and "with this result, that without weakening, injuring or torturing him in the very least the natural disease is extinguished and the patient, even whilst the cure is going on, gains in strength and thus is cured." This way, Hahnemann suggests, looks very easy; but, in fact, he pronounces it actually troublesome and difficult and requiring much thought.

Just here lies the explanation of the failure of many a physician who calls and considers himself a homeopathist. The way is difficult. The accurate selection of the prescription in obstinate cases requires deep research and much study. To be accurate one must necessarily be very painstaking, and these are hardly painstaking days with most of us. And besides being accurate in the choice of a remedy there comes the choice of potency and the repetition of the dose, both problems of no insignificant moment, these also requiring thought if they are to be made a science.

There is no "Homeopathy Made Easy" process. It is dig, delve, develop all the time.

The cure of one patient is the poison of another.

The potency in one case is inefficient in another.

The over-doing of the repetition is as sure to spoil the result and retard the cure as is the under-doing of it.

But the record of Hahnemann and his conscientious followers shows that the earnest searcher after the true *similimum* has been rewarded times sufficient to amply justify the effort the art demands.

None but the true and earnest student can ever be a good and successful homeopath.

Conversely, every intelligent hard-working investigator of the homeopathic law, precepts and *materia medica* can be as great and successful a prescriber as was Hahnemann himself.

He left the key, it is for us to use it.

COMMENT AND CRITICISM.

RESPONSIBILITY DISCLAIMED.

Rochester, New York, August 1, 1903.

EDITOR MEDICAL ADVANCE:

Referring to page 334, July issue, "Dr. Hoyt's Defense," the assertion "an incorrect and defective report by the secretary," the paper in question was sent verbatim. The only mistake noticed by the secretary was the typographical error of the word typical instead of atypical, as used by the author, but that seems to have little bearing on the criticism referred to. The secretary is quite willing to bear responsibilities in discussions for misunderstandings may arise, and they are not always of sufficient importance to refer to a speaker who may reside across a state, but for written papers sent verbatim she declines responsibility.

S. L. GUILD-LEGGETT.

THE MERGERS APPROVED.

Minneapolis, August 3, 1903.

EDITOR MEDICAL ADVANCE:

I rejoice at what is being accomplished in Chicago. The two schools united, the two journals merged, and the first number a "hummer." This makes Chicago the center of pure Homeopathy in this country. Your editorial, "Adjectival Homeopathy a Delusion," is both right and to the point. The ADVANCE shall continue to have my support in the future as in the past. Success to you.

Sincerely,

W. H. LEONARD.

APPLAUDS THE NEW ADVANCE.

EDITOR MEDICAL ADVANCE:

I hope it is not too late for me to express my high appreciation of the excellence of the May and subsequent issues of the MEDICAL ADVANCE.

CAL ADVANCE. The May is the best number issued in three years. It is sufficient to say that it is the "Allen Advance" which we Hahnemannians need and want, and it is because the May issue is so full of your personality that I value it so highly. Give us your interpretation of Hahnemann's philosophy, and plain practical truths of how to apply it, and you may name your own price for the magazine. Wishing you abundant success with the new consolidation, I am,

Fraternally,

W. A. McCLELLAND.

If our readers will all promptly remit we will continue to give them the best and cheapest magazine in the homeopathic school at the present price. Please send us your subscription promptly if in arrears, the printer must have his money every month.

New Publications.

A CLASSIFIED INDEX OF THE HOMEOPATHIC MATERIA MEDICA FOR UROGENITAL DISEASES. Bukk G. Carleton, M. D., Professor of Genito-Urinary Surgery in the New York Homeopathic College, and Howard L. Coles, M. D. Boericke & Runyon, New York. Pp. 160. Cloth, \$1.50. 1903.

Here is another monograph on a special branch of practice which if used as it should be will do away with the guessing, haphazard method of selecting the remedy in that bete noir of the the homeopath; will help cure gonorrhea without that abomination, the local astringent, which only suppresses the disease, produces stricture and engrafts on many patients incurable constitutional ailments. But even with the admirable arrangement of this index or repertory it will not "work itself." The same painstaking selection of the symptom totality must be made and then the index will help to find one or two remedies to study and compare. With such an index the homeopath who is willing to work can cure nearly every case of gonorrhea that he treats, and thus prevent infection and the innumerable constitutional ailments so

prevalent in the practice of every physician and for which the maltreatment of this disease is directly responsible. We note with regret the omission of *Medorrhinum* from so many rubrics, for in our experience there is no remedy in the entire *materia medica* so frequently called for by its symptomatic indication in diseases of the urogenital organs, and none from which more brilliant results will reward its careful exhibition. It will often restore the suppressed discharge and thus pave the way to a cure. In the next edition we would suggest that the value of the remedy be indicated by different type, thus not only facilitating the use of the index but enhancing its value in ready reference and saving the valuable time of the busy doctor. We commend the work of the authors, for those only who have attempted to make an index or repertory have any conception of the painstaking labor involved; and the profession we believe will show its appreciation and obligation by a general use of it in the cure of the sick. Every work of this character is a boon to the homeopath that our book buyers should appreciate.

TRANSACTIONS OF THE HOMEOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA. Pp. 303. Published by the Society.

Like all the volumes of transactions of this Society this is no exception in the large number of valuable and practical papers in every department of medicine. But the Bureau of *Materia Medica* is particularly rich in its articles, especially those of Drs. Korn-dorfer, Bowie, Cranch, Middleton and White. And the discussions on them are of almost equal value. The paper of Dr. Korn-dorfer is one of the ablest which has appeared in the Transactions for many years, and should not only be read but studied by every homeopath in the State, whether a member of the Society or not.

HOMOPHONIC CONVERSATIONS IN ENGLISH, GERMAN, FRENCH AND ITALIAN. A natural aid to the memory in learning those languages. Compiled by C. B. and C. V. Waite. Published by the authors. Chicago. 1903.

This little pocket work of 137 pages is an attempt to facilitate the study of the languages specified by applying the principle of

association. The chief feature of it is that the principal words of nearly every sentence have a like sound and a like meaning in the four languages. Upon this principle the system of memories rests. Nearly 500 homophonic words are used, and an alphabetical list is added. Our medical colleagues visiting Europe may find this an aid in acquiring a conversational knowledge of some of these languages.

PATHOGENETIC MICROBES. By Dr. P. Jousset, Paris, France. Translated by H. P. Holmes, M. D., Dietz, Wyoming. In press of Boericke & Tafel.

The latest work from the pen of Dr. P. Jousset bears the title of *Les Microbes Pathogenes*, and is issued by the house of J. B. Bailliere & Son, Paris.

Dr. Jousset has handled his subject in a masterly manner, and, like Pasteur, believes in accepting no microbic hypothesis until its positive demonstration has placed it in the realm of fact. The following are some of the particularly striking features of his reasonings which appeal to us:

The faculty of producing a pathogenic condition is an accidental state of the germ and not a necessary character. The most virulent microbes may remain in a latent state in the organism for an indefinite period, depending wholly on some predisposing condition to render them pathogenic. Thus Loeffler's bacillus is found in the throats of many children who do not have diphtheria. Eberth's bacillus is found in people who do not develop typhoid fever, and also in those who have had the disease and months after their complete recovery. Koch's tubercle bacilli are known to exist in the glands of subjects and to pass through several generations without a symptom of tuberculosis developing; the pneumococcus and streptococcus, as well as the cholera bacillus, are commonly found in absolutely healthy people. Here they are remaining in the latent condition or saprophytic state until some certain influence known as a predisposing cause arouses them to action. Their specificity during this time is proved by the fact that when inoculated into susceptible subjects the characteristic disease is

developed. The cholera bacillus requires an inflamed intestinal mucous membrane to produce the soil proper to its development. Without this suitable soil the microbe remains in the latent state and the host escapes the malady. Of what then does the contagion consist? Surely not of the ingress of the comma bacillus. Then it must follow that the process of a microbe in the latent state taking on a pathogenic function must be an accidental condition over which the microbe has no control.

The pathogenic property of the microbes may play three roles contradictory in appearance. It may produce the disease; it may bring about immunity or it may effect a cure; but in whichever capacity it acts, it can only act through the intermediation of the organism—there must be a predisposition. The fact that the microbe remains indefinitely in the latent or saprophytic state brings back to the field of medicine the morbid spontaneity which had been rejected as a heresy.

Very forcible examples are given to differentiate between clinical proofs and laboratory experiments. If a culture of Koch's bacilli injected into the circulation of a guinea pig produces tuberculosis in that susceptible animal, it does not follow that a person will contract consumption from association with a tuberculous subject. In the infectious diseases, however, the microbe is absolutely necessary for the development of the disease, no pathogenic microbe no disease; but one must not forget there is a vast difference between the conditions in surgical practice and the treatment of internal diseases. In the first, asepsis is almost certain in its results if perfectly performed, while in the latter the practice still rests upon theory and has accomplished but little. Here asepsis has been incomplete, the door has been left open, the microbe has entered, the predisposition has favored its development and the disease has commenced before the physician is called.

The fact that the microbe is unable to develop the disease without the assistance of a predisposed organism shows us why a large number of people escape epidemic influences. It is only a limited number who contract the epidemic diseases though all are equally exposed. Therefore, the true cause must rest upon the

disposition of the living cell rather than upon the presence of the microbe.

A chapter is devoted to serum-therapy, and the benefit which have been derived from it in a limited number of diseases seem conclusive. In referring to this practice the author closes his work in the following paragraph :

"But the new therapeutics has, upon the problem of general pathology, an importance which no expression may qualify. It is so superior and so opposed to the old Galenistic therapeutics, which still forms the basis of current medicine, that it is impossible not to catch a glimpse of the aurora of reform, which, carrying away the old prejudices, will finally edify positive therapeutics, the therapeutics of the future."

LA TUBERCULOSIS, CONTAGION, HEREDITE, TRAITMENT. By Dr. P. Jousset, Paris, France. Translated by H. P. Holmes, M. D., Dietz, Wyoming.

This work of 226 pages of the same size as the Pathogenic Microbes I believe a still better work for the profession. It is not homeopathic, per se, and takes up only the serum-therapy treatment. But its chief feature is the very able handling of the subject of transmission. Numerous experiments are given to show how almost impossible it is to transmit tuberculosis by contagion. Every imaginable proceeding was resorted to, with the result that tuberculosis could not be transmitted by tuberculous meat or milk, or by respiration of the atmosphere surrounding a tuberculous subject. That it was due almost invariably to heredity. An interesting fact is that while Koch's bacillus has never been found in the fetus or the newly born, yet the inoculation of portions of these children of undoubted tuberculous taint into a guinea pig or rabbit will invariably produce tuberculosis. Does not this go to prove that disease is a something, a vital essence or spirit, if you will, that pervades a person's organism, and may be transmitted to progeny just as a man can transmit a big nose, a certain facial contour, color of eyes or hair, and even disposition and appetite? In my paper on Potency, which I did not read in Omaha two years ago, I used the illustration of the small amount

of the dose which transmitted all the features of heredity through generation after generation by means of a single spermatozoon of microscopic dimensions passed into a microscopic opening in an ovum only 1-120th of an inch in diameter. And yet this little spermatozoon or this little ovum would not only carry the physical and mental characteristics for many generations, but would also carry their disease tendencies. What would be the potency, measured as we do our homeopathic one, where a characteristic was transmitted four generations? I am not yet ready to believe the microbe passes through four generations, carrying with it all the traits of tuberculosis, but I believe that some vital or spirit force does; and I believe it is the same thing that passes down our potencies. There is certainly no crude drug left, no flesh or bones, and yet there is the vital principal, the characteristic, the *heredity*, if you will, just the same in the 200th potency of the drug as there was in the 3x or 6x. I tell you, my dear doctor, that time only proves that Hahnemann grasped a fact that, even though we cannot explain it and put it into words, cannot be shaken by all the scientific experiments and demonstrations of a century. At times I feel that I understand exactly how our potencies cure disease, but somehow I cannot put it into words. When I try it it seems that speech fails me, and yet I am certain I understand it. As one cannot explain why he loves his child or his wife better than another, and yet knows it is so, just so I find I am unable to grasp the expression that will convey to another just what I feel. This study of the transmission of disease through heredity has come nearer allowing me to see the light than anything else.

IN MEMORIAM.

Dr. Frederick W. Payne, of Boston, the eminent oculist, died July 16th, aged 58. He was born at Bath, Me., January 1, 1845, the eldest son of Dr. W. E. Payne, the pioneer homeopath of Maine, and ever remembered prover of *Lilium tigrinum*. He attended his first course of lectures at N. Y. Homeopathic College and the two following years at Harvard, where he graduated in the spring of 1866. He then took a post-graduate course at Philadelphia under Hering, Lippe, Guernsey and Raue, and the following year another course at Harvard, devoted chiefly to anatomy and operative surgery. Deciding to make the eye and ear his specialty he entered the University of Vienna in 1868, where in addition to general instruction he had private courses in ophthalmology under Arlt; on the ear from Gruber; the microscope and pathological anatomy from Rokitsansky; obstetrics from Braun; lungs and throat from Schroeter, and surgery under Billroth. After leaving Vienna he spent some time at the University of Berlin.

The entire family—father and sons—were sterling and genuine Hahnemannians, and the seed sown by his father in a rich soil has borne a bountiful harvest in the work of his able son, whose devotion to the principle placed him in the highest rank among the oculists of this country and Europe, for by means of that beneficent system he was enabled to accomplish with medicines alone what the knife could not do, and to do with the knife what he could not have done without the aid of medical treatment.

Some of his cures reported in this journal have been little less than marvellous. As a lecturer he was no less brilliant than as operator and prescriber, and he was as modest as he was able, had to be urged to report some of his brilliant work. Cut down in his prime the profession and the world suffer an irreparable loss.

Dr. C. H. Fahnestock, late dean and Professor of Surgery in Dunham Medical College, died at his home in Laporte, Ind., July

5th, from gastric hemorrhage. He graduated from N. Y. Homeopathic College in 1876, and the following year was elected professor of surgery in the Homeopathic College of Missouri. He was an able teacher and a successful surgeon.

Dr. H. B. Van Norman, of Cleveland, Ohio, for many years connected with the faculty of Cleveland Homeopathic College, and one of the oldest and best known homeopaths of Northern Ohio, has joined the majority.

Dr. F. N. Morley, a graduate of Cleveland Homeopathic College of 1884, and one of the popular homeopaths of Sandusky, Ohio, died at his home in that city of acute inflammation of the brain, July 4th, aged 42 years.

Dr. Louis A. Falligant, well known for his celebrated report of yellow fever epidemic, died in Savannah, Ga., July 5th. He was one of the best known homeopaths in the South, and had done heroic work for Homeopathy when it required the sterner qualities of an earnest man to cope with the prejudice by which he was surrounded.

News Notes and Items.

The Doctors.—A man applying for insurance to one of our life insurance companies was asked if his father died a natural death, and replied, “No, *he had two doctors and a trained nurse.*”

Dr. Albra W. Baker, who has been in practice in Emporium, Pa., for the last ten years, removes to 427 Park Avenue, Williamsport, Pa., which will be his address after September 1st.

Dr. P. C. Majumdar, Calcutta, reports that one of his students is now on his way to Chicago to enter the junior class of Hering Medical College. He has attended the Allopathic Medical College in Calcutta up to the present time. We think we may promise to return him to his native land a good Hahnemannian.

Deschere's Science of Therapeutics is the title of a text-book on homeopathic philosophy in the catalogue of the Kansas City Hahnemann Medical College. Although somewhat familiar with the literature of the school, we confess we have never seen nor heard of this work, and we have serious doubts if such a book ever was written by the late Dr. Martin Deschere.

Dr. J. D. Mitchell, of Fort Worth, reports that Corsicana, Texas, a city of 12,000, is sadly in need of a homeopathic physician. Homeopathy has been well represented in Corsicana for twenty-five years, and a good man will receive a hearty welcome and a liberal support; but he must be a good homeopathic physician, for the citizens know what Homeopathy is. Dr. C. E. Fisher practiced in Corsicana twenty years ago.

Louisville, Ky., boasts of one of the largest babies on record. Mrs. Clarke Boardley was delivered of a girl baby which weighed at birth twenty-five pounds. The case is reported by Dr. R. C. Kenner, the attending obstetrician. The only other case on record of a twenty-five pound baby is that of Mrs. Bates, wife of the giant Captain Bates. Yet Mrs. Boardley is only of ordinary size and her husband is not a large man.

Dr. James O'Brien, Essex, Ontario, reports a case of asphyxia neonatorum restored by a current of electricity. After all attempts at resuscitation by the usual methods had been resorted to, as a last resort electricity was used fully fifteen minutes after birth, and it was another fifteen minutes after the current was applied before the infant showed signs of returning life. The persistent use of the current rewarded the experimenters, and the child was soon breathing normally.

The Daily Medical Journal is the latest venture in the journalistic field. The Medical Publishing Co. of America with a capital stock of \$150,000 has acquired all the rights and interests of *The Medical Critic*, and will begin a daily issue October 1st. With a large editorial and associate staff and a guaranteed circulation of 100,000, its success seems assured; for a six-page-double-column (12x

15 inches) daily with the *Monthly Medical Critic* for \$1.00 per year, is an enterprise at popular prices that deserves and will command success. Address, 154 East 72d St., New York.

A friend from Titusville, Pa., writes of the *ADVANCE* when sending his subscription, "The only journal that teaches true Homeopathy. I cannot do without it." And another from Grand Haven, Michigan, states, "The *ADVANCE* is tip-top; keep it up. Homeopathy cannot or rather should not do without it." We receive many such comments, and would like to reply to our well-wishing friends separately; but these are busy times, so except our thanks for and appreciation of our efforts. They let us know that we are working in the right direction, and we add our aim is high. But we wish all our readers to remember that a journal is what its contributors make it.

Dr. J. F. Edgar, El Paso, Texas, has a genuine criticism to make of our homeopathic colleges. He says: "I consider the writings of Hahnemann, Hering, Guernsey, Lippe and Raue are so true that five hundred years hence they will be reliable text books for our students and practitioners. Why, then, are allopathic text books, that will be bygone fads, out of date in a decade, recommended in the college catalogues, Hering College not excepted?"

This criticism is not only true but just, for outside the fundamental branches, anatomy, chemistry, physiology, there are homeopathic text books in every department of practice, surgery, obstetrics, pediatrics, gynecology, etc., just as readable and far more reliable than the allopathic works our students are expected to study. In etiology, diagnosis and pathology they are just as thorough and complete, and homeopathic students are studying Homeopathy at the same time.

The Anti-Compulsory Vaccination League makes the following appeal to the profession, and we trust will meet with a prompt response from every lover of personal liberty:

Last fall a respectable, though poor woman, a Mrs. Schaeffer, was arrested by the agent of the Society which calls itself the Society for the

Prevention of Cruelty to Children, on an unfounded charge of using one of her children to excite charity; the charge was fully investigated, and though bitterly pressed, was proved untrue, and she was honorably discharged. But while she was in the Tombs she was forcibly vaccinated, being threatened with the straight-jacket if she persisted in her resistance, and was made seriously ill.

An action is being brought against the matron and doctor, and Mr. Ira Jay Dutton, of New York, will conduct the case for her without fee if court costs are provided.

A case of compulsory vaccination under the Massachusetts law is now under appeal to the Supreme Court of the United States, and an appeal is made for pecuniary aid. If this prove successful, all compulsory vaccination laws will be at once overthrown as unconstitutional; and surely it behooves all who care for human rights to help to get this case properly before the Supreme Court. A lawyer of national reputation has been retained to argue the case in that Court. Will you please contribute what you can afford in each case to Dr. E. B. Foote, Jr., 120 Lexington avenue, Brooklyn, N. Y.

N. B.—THE MEDICAL ADVANCE does not send sample copies unless asked for and has no free list. It is published for the medical profession in the interests of a better and purer Homeopathy.

Hering Medical College held its annual opening on the eighth instant, and starts off with a splendid class of enthusiastic *homeopathic* students.

Dr. and Mrs. S. W. Cohen, of Waco, Texas, are visiting in Chicago. Dr. Cohen is an enthusiastic and consistent Hahnemannian, whose work for Homeopathy in Texas will outlive him many years.

Let every reader who really likes the MEDICAL ADVANCE of 1903 send us at least one new name for 1904.

The Medical Advance

... AND ...

Journal of Homeopathics.

VOL. XLI.

CHICAGO, OCTOBER, 1903.

No. 10.

The Rejected Paper on Tubercular Infection.

BY THE BROOKLYN COMMITTEE.

The following history of this paper on Tuberculosis may be of interest: In the spring of 1901 notice appeared in nearly all the daily papers of England and America that a congress on Tuberculosis was to be held in London under patronage of King Edward VII., in which a pledge was given that the utmost impartiality would be shown, and all schools of medicine would be gladly welcomed.

In consequence of this a meeting was held in Brooklyn at the office of Dr. Levenson, in which it was decided to prepare a paper for presentation to the congress. A committee was appointed and a draft of the paper was printed, a copy being sent to each of the thirty-five doctors who were selected for the committee. As soon as their replies were received a revised copy was struck off and sent with the fee, one pound sterling, to Dr. Malcolm Morris, London. An acknowledgment was received in due course.

No further reply was received and no notice taken of the paper at the congress, whereupon a letter of inquiry was sent on August 19th. No notice was received of this letter, and thereupon a memorial was drawn up, and after being approved by nearly all of the committee, was engrossed and forwarded to the United States Ambassador in London with a request that he forward it to the proper quarters so that it might reach His Majesty. In the absence of Mr. Choate, Charge d' Affaires, Mr. Henry White, transmitted it to the king's private secretary. December 21st the following letter from Mr. White was received:

December 13th, 1901.

AMERICAN EMBASSY, LONDON.

"Dear Sir—I have received in the absence of the Ambassador your letter of 13th ult., and also the memorial therein referred to, which, in accordance with your request, I forwarded to the King.

"I have now received a letter from His Majesty's private secretary, saying

that it has been submitted to the King, and that inquiries are being made into the complaint set forth by your committee, the result of which he promises to communicate to me.

"I have the honor to be, sir, your obedient servant,

"HENRY WHITE,

"Charge d' Affaires of the U. S. of America.

"E. C. TOWNSEND, Esq, M. D.,

"19 Broadway, New York City."

On receipt of this reply another letter was sent to the King's private secretary protesting against the deliberate suppression of the paper in the face of their distinct pledge that fair treatment should be accorded to all phases of medical opinion, and that while still publishing the name of His Majesty as patron and his Royal Highness, Duke of Cambridge, as President of the congress. And thanking His Majesty in advance for the desire that His Majesty will doubtless cause to be expressed that the congress of Tuberculosis will act in accordance with their publicly made promise of honest and fair treatment under the patronage of His Majesty.

Then came the King's illness, then the coronation, and nothing more has been done. No copy of the transactions has ever been received by the American representative of the committee, who was made a member of the congress.

To the International Congress on Consumption :

Physicians, Ladies and Gentlemen:

At a meeting of physicians, held in Brooklyn, New York, on the 2d of June, 1901, it was resolved to address you upon the subject of Tuberculosis, with especial reference to any legislation which might be proposed with regard to it, and a committee was appointed, designed to be representative of a large section of medical thought in the United States, to prepare and forward such address, in accordance with the views then and there expressed.

As the members of the Committee, from the fact of its representative character, are widely separated from one another, it was deemed expedient to appoint a "Reporter" to draw up the Committee's address, who should forward a copy of his draft to each member of the committee. Dr. Leverson, of Brooklyn, was selected for this task. As time did not permit of an extensive correspondence, each member was requested to forward to the Reporter his criticisms upon the proposed address; if he approved

of it in the main, to authorize the appending of his name to the paper, and to make and report at the same time such reserves, objections and revisions as he might desire to have submitted, along with it, to your body.

With the exception of a few literary criticisms and the extracts from "The Canadian Lancet," which have been embodied in the text, the report prepared by Dr. Levenson received the unqualified approval of every member of the Committee, and no reserves or revisions are desired by any of them. The report as adopted by the Committee is as follows:

TUBERCULOSIS, WITH ESPECIAL REFERENCE TO LEGISLATION
THEREON.

When a proposition is made looking to legislation upon the subject of Tuberculosis, or upon any other alleged infectious disease, several questions must arise in the minds of thoughtful persons:

(1) Is the disease respecting which legislative protection is demanded a serious cause of death or of permanent disablement?

(2) Is it increasing or diminishing or stationary in its prevalence or intensity, and if either increasing or diminishing, to what may the change be ascribed?

(3) Would the elimination of the disease in question affect the general mortality—or would it merely result in a "vicarious mortality" such as was observed by Dr. Robert Watt* and confirmed by Dr. Farr** and many later observers with regard to small-pox.

(4) Is the proposed legislation calculated to promote the end desired, and if so are there no evils which its enactment might produce sufficient to outweigh the benefits?

(5) And lastly, but fundamental, is the disease to be guarded

*An inquiry into the relative mortality of the principal diseases of children by Robert Watt, M. D., Lecturer on the Practice of Med. (Glasgow, 1813).

**Thirtieth annual report of the Registrar-General, 1869 (England and Wales).

against so certainly and unavoidably infectious as to warrant legislative interference (other than sanitary) with the liberty of the individual?

(1) As to the first question, the answer is clearly in the affirmative, as shown by the vital statistics of nearly every nation of Europe and of the United States where anything approaching accurate statistics are preserved. (2) As to the second, no decided answer can be given to it from the statistics obtainable by the committee. If we take the vital statistics of Great Britain we find that for the fifty years 1838-1888 Phthisis Pulmonalis which it is supposed is the disease forming the subject for consideration by this Congress *diminished* with almost constant regularity from 59,000 in 1838 to 45,000 in 1888, while the population increased from 15,288,000 in 1838 to 28,629,000 in 1888, and although during the succeeding twelve years the gain of the previous fifty years has been lost, it still remains somewhat less per million living than it was in 1838. Of course, in view of the large improvements in sanitation of which Great Britain has been the field, this increase is disappointing; but it affords no ground for any call for special legislation with regard to it, except to repeal laws enforcing UN-sanitary practices, such especially as Vaccination, which as you all know, as generally practiced, consists essentially in putting into the blood putrefying matter from a sore. That this is a cause of Tuberculosis*** in many cases is capable of proof, but it would take too long to enter upon that subject now. New York and New Jersey show a slight increase in death from consumption during the twenty years 1877-1897, but not greater than the increase of population; Massachusetts shows an almost regular though slight decrease per 10,000 living from 1856 to 1895. Evidently the answer these statistics give to the second question furnishes no rea-

***See a case quoted by Dr. C. E. Page in "The Animal Defender" for July, 1901, p. 14. See also Schreiber's experiments. No physician reading his account of them with an open mind can escape the conviction that Schreiber's "tests" either inoculated his victims with tubercle, or at least developed tuberculosis in children—perhaps of a tubercular diathesis—who, but for such inoculation, might have enjoyed a long and useful life without any suspicion of disease.

son for legislation, nor is it within our present purpose to pursue so debatable a matter as statistics, needing, as they always do, very careful analysis to read their lesson correctly. (3) No answer to the third question can be given till a satisfactory answer has been found to the second and the statistical aspect considered in a very extensive manner. (4) The answer to question four must be postponed until it is known what legislation is proposed. We now come to (5). Is Tuberculosis really infectious to a degree requiring legislative interference for the protection of the public health?

IS TUBERCULOSIS CONTAGIOUS?

The terms "infection" and "infectious" are used so vaguely, not only by the public, but also by the profession, that if time permitted, a rigid definition of the term should be given; let us deal with it as ordinarily intended by the public, as meaning that a disease is infectious when it is conveyed by a sick person to another, a well person, without contact, through the air. Now in that sense Tuberculosis is only infectious to a very limited degree. To what extent it may be infectious, using the term as above defined, we will presently explain, but we believe that its alleged infectiousness to a greater extent than presently noticed rests on no demonstrated facts; but upon facts which have been either incorrectly observed, or have been incorrectly interpreted. This is said with full knowledge of the fact that the contrary is asserted by men who have gained a sort of repute; even of deserved repute in this or that branch of medical or other learning; but also by men who have gained repute, not by meritorious work, but by pandering to the ignorance of the many, physicians not excepted, and especially to the desire for sensationalism on the part of the press. Not only has the infectiousness of Tuberculosis and of many other diseases (the word "infectious" being used in the meaning above given), been asserted upon insufficient and misinterpreted facts, but in the *face of facts* of every day occurrence, clearly *indicating the exact opposite*.

Unfortunately this superstitious belief renders those who are possessed of it blind to the most obvious facts. Facts which when

attention is called to them must be absolutely conclusive to all minds not blinded with one or both of those biases to which Herbert Spencer gave the name of educational and professional bias. If Tuberculosis and for that matter any other so-called infectious disease—were really infectious in the sense of being transmissible to a well person through the air, notwithstanding perfect ventilation, who of all classes of the community must of necessity become most readily infected, evidently the doctors *and their patients*, and the nurses and other attendants of the sick. But do they? Is it not notorious that doctors and nurses, until worn down by overwork and anxiety, are actually less susceptible to any and every so-called infectious disease than are nearly all other classes in similar conditions as to nutrition? What gives them this comparative immunity? It is because, *as a rule*, THEY ARE NOT AFRAID! And one of the main causes of the spread of disease is, *not infection, but fear*. Now all legislation professing to aim at protecting people from infection unavoidably helps to create SCARE! But legislation in the direction of *sanitation*, when due regard is paid to the rights of the individual, possesses the advantage that besides removing the most direct cause of disease, viz., insanitary conditions, it helps to prevent the spread of disease by giving courage to many of those who need it.

Further evidence of the absurdity of prevailing notions with regard to infection may be culled from occurrences so commonly reported in our daily papers. We can find in the newspapers, accounts showing any number of persons to have been "exposed to infection" as the current phrase is, in various places and times in the United States; and if the received doctrine of infection were true, epidemic upon epidemic ought to have swept the country; but nothing came of the "exposure to infection" in any of the cases. Nothing more was ever heard of them, while if there had been, the official doctors having all known means of publicity at their command without stint including that of an unenlightened press craving for sensations, would have been sure to blaze throughout the country anything which would tell in favor of their pet fallacy and subserve at the same time the official craving for "Power, Place and Pelf."

SMALL-POX INFECTION A MYTH.

Among the bold but untruthful assertions of official doctors is one that the condition called small-pox is highly infectious; it is often said by them to be one of the most infectious of diseases. Neither statement is supported by evidence which will stand critical examination; nevertheless, in spite of the declaration of "The great physician" "The English Hippocrates" (Sydenham) the small-pox "is one of the lightest and safest of all diseases," that is "if no mischief be done by physician or nurse," the official doctors have succeeded in creating a dread of that condition in the minds, not only of the general public, but also in those of a large number of loose thinking physicians. The few illustrations we will now give out of a vast number at hand will prove those scare statements to be inaccurate.

In the "New York World" of January 23d (1901), under a scare heading, in huge letters of "SMALL-POX SPREAD BY A MOTHER'S LOVE," we are told that a Mrs. Limick, having lost one child, who had been torn from her and taken to the Pest House to be there suffered to die of small-pox under the ignorant mismanagement of old school doctors, fled with another sick child and one well one, from the cruel, unnecessary and absurd quarantine imposed by the N. Y. Board of Health (?), and, the paper stated, that "since Monday morning every available sanitary inspector and policeman of the Health (?) Department has hunted her in vain, and they have concluded that she was either wandering in the woods or had killed herself with her children."*

In the N. Y. "World" of December 1, 1900, under scare head lines, "Many Society Women Exposed to Small-pox," printed in huge type; also, "Health Board Active," we were told that the society women of New York had been taking servants from N. Y. colored mission, in which two cases of small-pox had occurred,

*We are happy to be able to state that neither surmise was correct. While the Health Department exhausted its resources in vain efforts to trace this poor woman and her children, the reporter of this committee learned that she had found a refuge where the myrmidons of the N. Y. Board of Health (?) could not reach them.

that "it is feared that the germs of the disease have spread themselves throughout the city on account of the general use of the mission house as a clearing house for colored servant girls," and goes on to tell that dozens of carriages with fashionably dressed women had been in the habit of visiting the mission, and then we were told of the activity of the Board of Health in bursting in the door of the mission house and FORCIBLY vaccinating all the inmates! Again, in the N. Y. "World" of June 13, 1901, we are told of an unfortunate sufferer from small-pox, who had been refused admission everywhere during two days, and that he had wandered around Brooklyn and Coney Island, a place to which tens of thousands resort for purposes of pleasure. Then, too, comes in a report of forcible vaccination; for though this is contrary to law, ideas of liberty and of human rights have so faded from the minds of the people of the United States, that they sit down quietly under the most violent usurpations by their boards of health (?).

Recently the newspapers throughout the country rang with the exploit of Dr. Rodermund, of Appleton, Wisconsin, who, seeking to drive from the popular mind this hobgoblin of infection, smeared himself with the pustulous matter of small-pox, swallowed some of it and then went about his business.

If, now, there were any truth in the common doctrine of infection, each of the above mentioned incidents would have been followed by an epidemic of small-pox, and the official doctors would have trumpeted their happening all over the United States. Nothing of the kind has happened, and although small-pox has this spring* been more prevalent than usual, the boards of health (?) have not been able to credit a single case to the innumerable "exposures" which attended these events.

But now let us note the fearful brutality which this dread of infection, so shamefully and ignorantly fostered by official doctors, has engendered! Think of that mother, said to be fleeing through the woods in the depth of a New York winter, to save her children from the cruel attentions of the officers of health, who would, if

*1901.

they could have caught her, have taken her sick child from her to fall a victim, most probably, as the first one had done, to the "mischief" of the doctors referred to by Sydenham, fleeing, also, to save the rest of her family from being shut up from all social intercourse, in a probably ill-ventilated house! Think of that man wandering about Brooklyn and Coney Island, unable to find a place in which to lay his head; and almost daily the papers teem with instances of brutality toward the sick, engendered in persons under the impulse of this characteristic of the savage, fear of disease, who, under ordinary circumstances, evince a kindly and humane disposition. Over and over again we are reading of the sick being thrust out of houses to wander homeless in pitiless storms, but not more pitiless than the hearts of those who suffer themselves to be influenced by the fear of infection!

HOSPITAL STATISTICS IN LONDON.

Dr. Thos. W. Sparrow, of Toronto, has furnished the Committee with the following extracts from "The Canadian Lancet" (Vol. 15, p. 280):

"Of late a good deal has been said about micro-organisms and tubercle bacilli as being the active agents in the origin and spread of this terrible enemy of our race, but proof of such being the case is lacking. 'The existence of bacilli cannot be accepted as proof of contagiousness.' 'The theory is a pretty one, but it does not stand the test of experience.' 'It is quite possible,' the editor continues, 'that this micro-organism and bacilli business is a little overdone as to its ultimate consequences.' 'As before stated, the existence of bacilli afford no proof of the contagiousness of consumption.'

"Those who have had large opportunities for observation, whatever others may say, do not believe that consumption is contagious.

"Dr. Yeo, of King's Hospital, London, Eng., has published a book on the subject, in which he takes strong ground against the theory of contagion, for which he contends there is *no reliable* evidence.

Dr. Herbert Davies, consulting physician to the London Hos-

pital, and to the Royal Hospital for Diseases of the Chest, gives the following facts regarding the attendants at Brompton Hospital for Diseases of the Chest: "Dr. Edwards was resident physician for seventeen (17) years. He remembers the case of fifty-nine (59) medical attendants whose duration of office averaged six months. All but two (2) are living, one dying from aneurism and the other from some unknown disease. The present chaplain has held office for seventeen (17) years, and his two predecessors are living. The matron has been resident for sixteen (16) years, and two (2) former matrons are living. Of the nurses now in residence, one has been there twenty-four (24) years, two 12 years, one 8 years, one 7 years, one 6½ years, and one 5 years. No under nurse has died of phthisis. The head nurses sleep each in a room containing 50 patients, and two only are known to have died—one of apoplexy, and one, some time after she had left the hospital, and after an unhappy married life, of phthisis. All but two of the physicians who have attended the in and out patients during seventeen years are living. One died from causes unknown, the other from causes unconnected with disease of the lungs."

"These and similar facts," concludes the "Lancet," "which come to us from other quarters, afford evidence, about as conclusive as evidence can be, against the theory of contagion."

PROF. BECHAMP'S EXPERIMENTS.

Perhaps here will be a good place for us to state to what extent, in our judgment, Tuberculosis—and this will apply to well-nigh all diseases—may be regarded as infectious. Mankind is indebted to Prof. Bechamp, of Montpellier, a name unfortunately little familiar to the profession in America, for some of the most valuable researches and discoveries in Physiology, Biology and Pathology in the entire history of medicine. One of those discoveries related to the properties and relations of certain granular bodies to which, because of their minuteness and property of promoting fermentation, he gave the name of Microzymas. He and his colleague, at the same renowned medical school, Prof. Estor, demonstrated that not the cell, but these minute bodies,

are the VITAL unit which evolve the cell, and after the disintegration of the cell evolve into various forms, such as those to which the names of Vibrios, Torulas, Bacteria, etc., have been given, to return ultimately, *if in health*, to their unitary form—the Microzyma. Dr. Bechamp also established the fact that fermentation is an act of cell nutrition, and that the Microzymas are the ferments by means whereof the cells receive their nutriment when placed in nutrient media. Thanks to Dr. Bechamp, we all know that digestion, whether massive or molecular, is a process of fermentation; perhaps the correct idea would be more accurately expressed by saying that *the phenomena of fermentation are phenomena of nutrition*. Now the process of fermentation goes on in a sick body as well as in a healthy one. In the former the Microzymas take on a morbid condition and may carry that condition through the air. They owe their morbid qualities to the sick body which has produced them; they are not special parasites, but are the products of the abnormal conditions. If, now, the air be greatly charged with these morbiferous Microzymas, or other animal exhalations, they may induce in the atmosphere a condition equivalent to, though differing from, that which the great Sydenham denominated “An epidemic constitution of the atmosphere.” Neither Microzymas nor Microbes, into which they sometimes evolve, are the *causes* of disease, but its effects, and they may *carry* poisons conducive of disease,* which poisons when existing in the atmosphere in larger quantities than the air can purify, *for pure air is the greatest of all purifiers*, and are inhaled by a susceptible person, *i. e.*, one of low vitality or living in anti-hygienic conditions, may induce in him the condition called disease.

To this extent only do we conceive that anything in the nature of infection or contagion exists; though if morbiferous Microzymas be *inoculated* upon an animal, a diseased condition will often be induced thereby.

But, except in the case of inoculation, the main cause of disease is not to be sought outside of the body. Outside influences, act-

*It is elsewhere shown that diseases are not entities but conditions.

ing upon a sensitive body, will often set up diseased processes in such body, but it is in the body and not in imaginary morbid parasites or microbes that the cause and seat of the diseased condition must be sought.

This is so true that even *Oxyuris* and *Tenia*, also the *Acarus Scabiei* cannot find a home in the body, unless the body itself be already diseased. Restore the body to its normal condition of health, and intestinal worms and other parasites will disappear.

Where the inoculated substance is in course of putrefaction, its injection will provoke a dyscrasia favorable to the evolution of the microzymas of the body subject to the injection, *into bacteria*, and the disorders which are the consequences, not of the bacteria, but of the dyscrasia will result. These bacteria, erroneously called germs, are not normal constituents of the atmosphere, and no direct experiments can be adduced to show that any germ taken in from the air has communicated disease. Fermentable matter, appropriately prepared, will ferment in a certain manner when exposed to the air. The so-called germs, *i. e.*, to say, bacteria (evolved from microzymas) conidies, and spores may exist in an infinite number in the air, but only those develop to which the particular fermentable matter or medium is suitable, all others remain sterile.

The experiments of Drs. E. Baltus and J. Bechamp, described on pp. 684-90 of A. Bechamp's epoch-making work, "*Les Microzymas*," establish the fact that the most serious, even fatal, disorders may be provoked by the injection of living organisms into the blood; organisms which, existing in the organs proper to them, fulfil necessary and beneficial functions—chemical and physiological—but injected into the blood, into a medium not intended for them, provoke redoubtable manifestations of the gravest morbid phenomena. Microzymas, morphologically identical, may differ functionally, and those proper to one species or to one center of activity cannot be introduced into an animal of another species, nor even into another center of activity in the same animal, without serious danger. How much more dangerous is it then, when the Microzymas, artificially inoculated, are not only of a

foreign species, but are in a morbid condition, even in the species from which it is taken?

The hypothesis that several maladies of men and animals are caused by invisible germs which penetrate the organisms to develop there as parasites has no foundation in fact; but how absolutely absurd is it that those who most strenuously uphold that doctrine are the same who advocate the introduction of diseased germs into the body as a preventive of disease!

TUBERCULOSIS NOT CAUSED BY GERMS.

Pulmonary tubercle is not the effect of germs, neither is it the result of an inoculable parasite found in the atmosphere. As shown by Prof. Bechamp, it is the result of the disorganization of a normal histological element. It was shown by Kuss that tubercle is the result of an excessive proliferation of the globular epithelial lining of the alveoli, which under the influence of the diseased condition proliferates and fills the cavity of the alveoli and pulmonary saccules. The lobule from being spongy becomes compact—it hepatizes. Now the tendency to this rapid proliferation may have been imparted to the microzymas of the alveoli by the inoculation of a living organism, either morbid, or of a healthy one proper to some animal whose cell life is of more rapid growth than that of the body into which it now comes. The great increase of scrofula and of cancer consequent upon the practice of vaccination illustrates this view. The inhalation of a bacteria (*i. e.*, of the morbid microzyma) to be found in the sputa of consumptives, about which there is so much nonsense going around today, may, in the case of a person already in a morbid condition, induce tuberculosis. To argue from this that pulmonary tuberculosis is infectious to the extent that a person suffering from it is a danger to persons in good health is an absurdity. The total lack of a logical basis for the germ theory of disease was shown in an article published in "The Homeopathic Physician" (Philadelphia), June, 1898 (vol. XVIII., pp. 263-9), and can be readily discerned by anyone who will reduce the Kochian "fixed and definite rules" with their supposed conclusion, to the form of a syllogism, as is done in that article. But that demonstration mere-

ly showed that the germ theory of disease was not proven. It is not easy to prove a negative, but the magnificent researches of Bechamp have succeeded in doing even this with regard to the asserted bacterial origin of disease.

Dr. Bechamp has proved that so-called pathogenic bacteria are the consequences of a morbid condition and development of the microzymas. Further, "If," as said by Ch. Robin, "*Leptothrix*, in the condition of bacteria which exist in all the dust of inhaled air, represent but a fraction of those which can become mortal for us and form the germ, ferment, or virus of epidemic diseases, it is incomprehensible that phthisics and patients attacked with ulcerous lesions of the respiratory channels could resist for months and years, as they undoubtedly often do, this constant arrival of these morbid germs, for their penetration is not more hindered upon the lung lesions, than upon cutaneous or uterine wounds," and M. Bechamp observes, "If virulent germs were normal to the atmosphere, how numerous would be the occasions for their penetration independent of those by way of the lungs and intestinal mucus! There would not be a wound, how slight soever, the prick even of a pin, which would not be the occasion for ~~in~~-oculating us with small-pox, typhus, syphilis, gonorrhea." To a certain extent, we are of opinion, tuberculosis is contagious, not that it is conveyed by merely touching the sick person, or his clothing, or his excreta; but it may be inoculated, as well by inhalation as by placing the contagious microzymas beneath the skin. These microzymas are found in the sputa of the sick, and when they become dry may be carried by the winds and the air. But unless the air be greatly charged with them, the probability of any person, even a person with a tuberculous dyscrasia being inoculated therewith, is so small as to be absolutely negligible. Collect such persons together in large numbers, as some have proposed, and the air will speedily become so infected as not only to carry off the sick, but to infect the well also, all but the most robust constitutions.

Bearing in mind that the cell is an anatomic element in constant process of change by the proper function of its microzymas, and that the ultimate vital unit—the microzyma—is susceptible of

becoming morbid and of then changing its function, and it is easily recognized that the microzymas of the Tubercle are not the products of the retrogression of the cell but are microzymas which have become morbid; and, as Bechamp shows, such microzymas, when inoculated, do not multiply, but produce a dyscrasia which modifies the conditions of existence of certain groups of cells, causing their retrogression and a morbid evolution of their microzymas.

But even as an aid to diagnosis the presence or absence of this or that Bacterium is unreliable.

Our reporter has personal knowledge of cases demonstrative of this fact, as probably has nearly every member of our committee.

In one especially striking case, the Department of Health of the City of New York insisted that a simple case of follicular tonsillitis was one of diphtheria, because the bacteriologist of the Department found the bacterium of diphtheria in the throat of the patient, and the Department repeated its assertion notwithstanding that the physician attending the case, supported by the same diagnosis on the part of our reporter, whom the former had called in to advise him, informed the Department that the case was clearly one of follicular tonsillitis, and that there was not the slightest appearance of false membrane. It was not till the patient was absolutely recovered from all illness, that the bacteriologist found that there was no longer any bacterium of diphtheria in the throat and permitted the quarantine ordered by the Department to be raised. In another case, in which also our reporter was called in, but only for diagnosis, the case was so clearly one of diphtheria that the prognosis of our reporter was death within three days unless the patient was at once treated homeopathically and hygienically; the New York Department of Health insisted that the case was not diphtheria, nor yet dangerous, because the diphtheritic bacterium was absent; the patient died within three days.

No one pretends that any of the systems of classification of the micro-organisms heretofore proposed is satisfactory. Even that of Zopf, which is adopted by Crookshank, is open to the radical

objection that where the observer is expecting to find a coccus he may find a bacterium, and where a bacillus should appear he may find a vibrio, that where no so-called pathogenic bacteria should be found they may exist in large numbers. Nay, even the question of whether these micro-organisms should be regarded as animal or vegetable parasites* remains unsolvable under Kochian or Pasteurian investigation.

All these difficulties vanish in the light of Bechamp's theory of Microzymas.

First, they are *not* parasites. Then they may be regarded as either animal or vegetable, according as they have been derived from the cells of an animal or a vegetable; and thirdly, these varied forms of micro-organisms are *not* distinct species, but are derived by evolution from the microzymas. Those which are denominated harmless have proceeded from microzymas in health and most of those which are termed pathogenic are either evolved from morbid microzymas, or are microzymas in a morbid condition.

ATMOSPHERIC GERMS NEVER CAUSE TUBERCULOSIS OR ANY PARASITIC DISEASE.

If we seem to dwell too much upon this aspect of the question, the Congress will pardon us, because the medical world has been led so widely, so dangerously astray by the germ theory that nothing seems too much which may help to arouse the serious attention of the profession to its errors, and but for the fear of wearying you, we would produce here the clear and beautiful explanation of the formation of pus by Prof. Bechamp in the work already referred to, and which we hope every member of the Congress will study. To draw your attention more forcibly to it, we make the following quotation (page 819): "In all the experiments made in these later years, it is the microzyma proper to an animal and not a germ of the air which has been found to be the seat

*Kassowitz and Hochsinger found streptococcus pyogenes in the internal organs, and especially in the blood vessels, in fatal cases of congenital syphilis. If they were external parasites, how did they effect an entry?

of the virulence. No one has ever been able to produce with germs obtained from the atmosphere any of the so-called parasitic diseases. Whenever by inoculation a disease of a known type has been reproduced, it has been necessary to go to the body of a sick animal to produce the pretended parasite, and to inoculate tuberculosis the tubercle has been obtained from a subject already affected." This observation shows the accuracy and pertinence of the syllogistic exercise above referred to, whereby the absurdity of drawing the alleged "conclusion" from the Kochian "fixed and definite rules" became manifest. The germ theory of disease is further answered by the fact that after death the lung is one of the latest of the viscera to putrefy. If the disease came from germs in the air, surely the lung would be among the first. The heart putrefies about the same time as the lung. That these two viscera—the one constantly subject to the direct influence of the air and the other furthest removed from it, should putrefy at about the same time, shows that some other cause than the germs of the air must have been at work to produce the result. So, again, if the infection came from foreign parasites, which multiply in the body, how could any one ever recover from disease so caused—how get rid of the morbid parasites? Puerperal fever is among the diseases said to be parasitic, but Depaul reports a case of true puerperal fever, in all its symptoms and effects, produced upon a virgin by the nervous shock of *seeing* a bad case of puerperal fever. Autopsy in that case showed all the changes of puerperal disease, but the uterine tissues were not altered.

But while the air may be so impregnated with morbid animal excretions as to be a factor in the production of disease, the atmospheric conditions which conduce to this or that condition of ill health, to the production as we think of an abnormal action on the part of the microzymas of the animals existing in it—or in other words, what Sydenham called an "epidemic constitution of the atmosphere" arise far more frequently from Telluric conditions than from such excretions; that this should be the case is at once seen to be probable if we reflect upon the fact that we are living at the bottom of an ocean of air, which is constantly being acted upon by the whole Universe, and to the changes continually being pro-

duced therein by the sun and other celestial bodies and by the earth itself, animals living in it must adjust their modes of existence, or become sick, or perish.

It is indeed surprising that in view of so momentous a fact, so little progress has been made in the study of the relation between certain conditions of the atmosphere and divers conditions of disease, and, in fact, although we have just completed what Mr. Wallace fittingly terms "The Wonderful Century," we know today very little more than Sydenham knew on that subject more than 200 years ago. We have some reason to expect that a proportional deficiency of Ozone in the atmosphere is favorable to the development of the conditions called phthisis pulmonalis and to cholera, and an excess of it to that called small-pox, and this is about our only advance in knowledge of the effects of Telluric conditions upon human health since the days of Sydenham. Now the reason for the absence of research, and of our consequent ignorance, upon a matter of such importance to the race is not hard to find. Real scientific research, which ought to have been directed to its investigation, has been perforce expended in laying bare the jumble of sham science which has threatened, and still threatens, the destruction of the race. It has already produced a degeneration of the race (in spite of the immense advances in sanitary science in other respects) as has been proved by the researches of Nittinger, of Ancelon and of many others working along the same lines.

And such jumble of sham science would long since have passed into the limbo of bygone medical fads, but for the enormous pecuniary interest in its maintenance which nefarious legislation has created, and by which mad theories have been erected into a STATE MEDICAL CREED.

It is to this nefarious legislation that is due the very large increase in deaths from inoculable diseases. It is important that this increase should receive attention, and an inquiry should be made as to its cause.

Scrofula and skin diseases generally, mesenteric diseases, diseases of the teeth, cancer and infantile and juvenile syphilis, tetanus and pyemia, all show an increase proportionally very

much greater than consumption. It is probable that over-crowding may account for a part of the increase observable in such diseases, but it must be remembered that the over-crowding is in great part, perhaps wholly, offset by great advances in sanitation in other respects. The remarkable fall in the death rate of Leicester, England, is a striking illustration in support of this view, and the world owes a debt of deep gratitude to Mr. Biggs and his associates in Leicester for proving, against determined opposition by the public officials of Great Britain, the immense benefits which flow from sanitation, so soon as the pernicious and superstitious practice of vaccination theretofore in vogue was got rid of. No vaccinist dare deny that the essential feature of this practice is that of inserting the PUTREFYING MATTER OF A SORE into the blood of the victim, as has now been the medical fashion for over one hundred years, generation after generation! To prove that this is the cause of the increase in the inoculable diseases above named, one of the strongest of scientific tests can be applied, viz.: That of PREVISION.

On pathological and biological grounds, Mosley, Birch and Squirrell, when vaccination was first propounded by Jenner, *predicted* the very results which ought now to overwhelm the medical leaders with confusion; and on like grounds, fortified with clinical and statistical testimony then obtainable, Nittinger and Schieferdecker in 1855 and 1856, and Ancelon in 1859, established as having happened, the evils foretold by Mosley, Birch and Squirrell, and they foretold the increasing weight of these evils if that superstitious practice should be persisted in.

TUBERCULOSIS AND BUBONIC PLAGUE DUE TO CONTINUED VACCINATION.

And now Dr. Boucher's still more gruesome prediction is about to be fulfilled. "The mills of the Gods grind slow, but they grind exceeding fine."

More than five years ago Dr. Boucher, of St. Servans, France, *foretold* the advent of the bubonic plague, as a direct consequence of the long continued practice of vaccination. The reporter of this committee declares that he was not aware of this prediction when,

over three years ago, he foretold the coming of a disastrous epidemic among the vaccinating nations, the exact nature of which he did not venture to specify, but said that it might be small-pox, that it might be typhoid or typhus fever, but that most *probably it would be the bubonic plague*, and it appears that the same reasoning which led him to the above prediction with regard to the bubonic plague was that which led Dr. Boucher to make his more positive one.

The history of the bubonic plague in the past teaches that it is erratic in its march and markedly slow. Except to the extent above mentioned, as to all so-called infectious diseases, there is no evidence to show that it is either infectious or contagious; quarantine will no more keep it out than Mrs. Partington could keep out the Atlantic Ocean with her besom. When the Telluric conditions are ripe for the bubonic plague to strike us, it will do so with no more regard for quarantine than a five hundred pound shot from an eighteen ton gun would have for a cotton screen. It will do so because the vaccination of vast numbers of people with the putrefying matter of a sore which has been going on for generation upon generation for over one hundred years, as the result of medical ignorance and legislation, has provided a vast number of people more or less susceptible to it. Neither is legislation, under the pretense of the prevention of tuberculosis, without its ludicrous aspect.

Under enormous powers obtained by the New York Board of Health (?) from the framers of a monument of learned ignorance, and called the Charter of New York City, the Board has set itself to correct a piece of bad manners certainly, to which many persons riding in the public cars of that city were habitually guilty. Reference is made to the habit of spitting upon the floor. Bad manners undoubtedly, and the Solons of the New York Health Board purpose to punish it with a \$500 fine or a year's imprisonment or both! And yet, even the Mikado is made to tell us, in the comic opera of that name, that "The punishment should fit the crime."

And here is another danger which the people, with their usual carelessness, overlook. Spitting in a closed or crowded car is

certainly very bad manners, yet was so common that it was certain the people would be thankful for a means to get rid of it. With the cunning of a public office to increase its influence, and to augment its opportunities for "Power, Place and Pelf," the Board of Health knew enough to take advantage of the impatience of the public at such bad manners to usurp powers never intended to be given to them, and the public winks at this new inroad upon their liberties, because it will effect for them something which they wanted to have done, and had not sufficient virtue to effect by means of public opinion or other proper agency.

It is to be noticed with approbation, that one judicious magistrate refused to impose any penalty for the first spit, holding, that as a dog is allowed one bite before his owner can be held liable for damages, so the spitter shall be allowed one spit; and another Judge, equally judicious, limited the fine of a persistent spitter to one dollar, and, if he had had a cough to excuse him, would not have fined him at all. Other magistrates have been less judicious and have allowed the health official to dictate the fine, and even to impose imprisonment, which means, of course, association with thieves and other degraded individuals.

With such examples of blundering legislation in the interest of Medical Trades Unions, which seek to enforce uniformity in medical creeds let us take warning, and not add to the mischiefs already imposed upon the people by medical ignorance and intolerance.

One hundred years ago, Prof. Magendie, addressing his graduating class in the great medical school of Paris, but warning them not to tell it outside, said: "Gentlemen, medicine is a great humbug. I know it is called a science. Science, indeed! It is nothing like science! Doctors are mere empirics when they are not charlatans."

THE FOLLY OF AUTO-PROTECTION.

Physicians! Ladies and gentlemen of the Congress of Tuberculosis! We tell you emphatically that what Megendie told his students confidentially one hundred years ago is still true of

the dominant school of medicine, of that which arrogates to itself the title of "regular."

Medicine as represented by that school was never on a road more divergent from the true path of the healing art than it is today.

Misled by the erroneous idea that certain diseases are auto-protective, the notion of inoculating the healthy to protect them from disease, notwithstanding its palpable NON-SENSE, *seemed* to flow logically from the false premise; and from this to the still more pernicious fallacy of cow-pox inoculation was an easy decline.

Immersed in the full tide of this deplorable fallacy, the undoubted talents of Koch and Pasteur drifted into endless error and dragged with them a host of loose-thinking followers; and into their current, self-love and the lust of wealth have driven the main stream of the medical profession, leading into an ocean of degeneration which may yet cause the destruction of the European white races.

It is sometimes pretended by the followers of the old school that whatever might have been said of the past, that today their school is *Scientific*. That claim has been made by that school at every period of the world's history, and we say to you that there is no more ground for the claim today than ever there was in the past. It is true that some of the fads and follies of the past have been abandoned, but only to be replaced by others of an even more pernicious character. To declare tuberculosis infectious in the meaning to which the term is above limited in the face of so many facts almost conclusive to the contrary will be to repeat the blunder of the English College of Physicians, who declared in the year 1754 that the inoculation of small-pox was a highly salutary practice, and in 1840 secured a law to make its practice penal! Any law to enforce any medical belief or practice is of the same character with acts for the enforcement of religious belief or practice; to clothe any man, or body of men, with power to enforce any such law, would be to add one more to the shameful infringements upon human rights of which we are having so many examples enacted by ignorant law makers at the bidding of

ignorant official doctors, always anxious for a chance to augment their "Power, Place and Pelf."

The committee feels that it ought not to conclude its report without calling attention to the insufficiency of the evidence upon which the so-called tuberculosis test is based, at least in the United States.

The experiments upon which this so-called test is based are described in a bulletin issued by the Department of Agriculture at Washington, D. C., and is entitled "Investigations Concerning Bovine Tuberculosis."

The experiments there described were conducted without the precaution of any control experiments and therefore valueless as to any conclusion to be drawn from them. The conclusion attempted to be drawn, that "We have thus 52 instances out of 60 in which the presence or absence of tuberculosis was correctly indicated by the use of tuberculin as a diagnostic agent" is entirely invalidated by the fact that the inoculation of the tuberculin may itself have conveyed the tuberculosis which was afterwards found, and which may not have existed in some of the alleged tuberculous cows until put into them by the experiment.

It is known that Pasteur's lymph has inoculated rabies, and that the number of deaths from rabies in France has quintupled since the employment of his alleged prophylactic. The like result would surely follow the general use of Koch's tuberculin, whether as a prophylactic or as a remedial measure.

Is it too much to hope that this Congress, claiming to be anxious for the public health, will rise above all considerations of self-interest, will declare itself emphatically against any and all legislation tending to infringe further upon public rights and liberties? May we not hope that you will demand the immediate repeal of all laws which encourage any particular medical creed or practice, and declare as the fact is that to improve the public health, there is but one means possible, viz.: Sanitation. To secure this, all special privileges must be repealed, the laws must be made equal for all, an end must be put to the encouragement now given by law to the murderous superstition of implanting into the blood of the healthy the putrefying matter of a sore; and

for the purpose of fortifying the debased vitality induced by one hundred years of blood poisoning by law, to resist the approaching bubonic epidemic, urge the establishment everywhere, and in abundant quantity, of that vivifying instrument of sanitation, the old Roman—erroneously called the Turkish—bath; to the end that every individual may be able to have at least one such purifying agency within his reach once or twice a week.

Only by such means as these can the ravages of tuberculosis and the increase of scrofula, mesenteric diseases, diseases of the teeth, cancer and juvenile syphilis be arrested and the ravages of the bubonic plague, invited by a century of the inoculation of organic poisons, be mitigated.

The Knife and the Remedy in Appendicitis.

FRANK WIELAND, M. D., CHICAGO.

I have been asked to write upon the comparative values of the knife and the remedy in appendicitis. I am essentially a medical man. The opinions I shall express are the result of a very fair experience with appendix cases.

I do not think my deductions will go unchallenged, and yet in my own mind I am convinced that the remedy as a curative measure,—mind I say “curative measure,”—has no place in the treatment of appendicitis. I know that relief can be given to the acute pain of these cases, and that other measures, such as applications of heat and cold, assist in making the patient comfortable. But an appendix that has once developed an inflammation has fallen into a bad habit, and nothing will correct that habit.

This confession does not worry me now as it would have some years ago, when I had had fewer cases and had studied less closely the changes that occur in appendixes after attacks. My faith in my medicines for medical cases is unbroken. So many of us are apt to expect more of a remedy than it is possible for a remedy, never so well selected, to perform.

I have appendix cases even now that have not yet required operation, or rather in which operation up-to-date has been refused. One of these men averages a week in bed every month.

Under dietary hygiene, and heat, and the proper remedy, he convalesces and gets about again, only to go through the same procedure in a short time. Is this worth while? An operation, two weeks in bed, a week of quiet about his room, and he would be well for all time. The remedy does all it can do, but it has its limitations.

In another case I had the patient under the most rigid discipline for three weeks. A trained nurse attended her day and night. In this time the intestine had almost complete rest. The patient finally got up, was about for three or four days, when she was again taken with excruciating pain, and symptoms of obstruction of the bowel. Consultation was called; she was removed to the hospital, and an operation was performed at once. A band of adhesive material as firm as fibrous tissue had surrounded the intestine and closed it as effectually as if it had been bound with a cord. From the time the appendix was removed this woman never had another pain.

I could recite many such experiences. I have given the remedy every chance, according to my interpretation of the remedy. I have had good consultation. We have the best in the world in Chicago; and I have come to this conclusion,—that the results attending appendicitis are such that medicine cannot remove them. Remedies cannot release an adherent bowel; they cannot open an occluded appendix. If an appendix filled with pus opens into the bowel the patient and the physician are lucky, but the remedy has not caused the discharge into the bowel. The abscess must break. About once in a thousand years it will break into the intestine, and even then the patient is not cured. My candid opinion is that a diseased appendix has no business in the abdominal cavity, and that a relieved case of appendicitis is by no means a cured one.

DISCUSSION.

Dr. Stuart Close.—Those of us who have had experience in dealing with appendicitis should have something to say about the statement made in the paper, that one week or two weeks of rest in a hospital, after an operation, would restore such a case to health for a time. That might be true of one patient, but when you

apply the statement to all cases you are making too broad an assertion.

In many cases after operation, so far from there being good health, there will be a recurrence of inflammatory conditions, severe neuralgic pains and other disabilities; such operated cases do not always recover their health by any means. I have such a case coming weekly to my office now. She was operated upon a year and a half ago for appendicitis, without any good result, so far as relief of suffering or restoration of health is concerned. Indeed, she has suffered more pain since the operation than ever before. She does not regain her strength at all. She is now under homœopathic treatment, and what relief she gets is from that. Certainly the operation did not cure her, and this is true of many cases that have been operated upon.

Dr. P. E. Krichbaum.—I think that in Dr. Close's case there will have to be another operation before the patient is cured. She will have to have the abdomen opened up and the adhesions removed. In at least sixty per cent. of cases operated upon adhesions follow which are very apt to cause pain. I like Dr. Wieland, and very many things that he says, but this paper is, I think, a little one-sided. Appendicular inflammation is surely like any other inflammation, amenable to medical treatment. If we agreed with the writer we would have to cease to prescribe for peritonitis, salpingitis, ovaritis, or any other "itis."

Some cases of appendicitis are cured absolutely without the knife; again, there are cases where the knife seems indispensable. However, all cases will not recover under either or both methods. I have had two cases lately differing very much. One, a little girl aged twelve, cured by Arsenicum. The other, a young man, was taken very suddenly with pain [his second attack, the first being slight]. This pain persisted, and there was also tenderness to the left of the umbilicus. Within thirty-six hours from the time I first saw him he was on the table. The appendix was gangrenous, and just ready to rupture, thus setting up general peritonitis. I certainly believe that this was a case for the knife.

Two weeks ago I was invited to be present at an operable case of appendicitis. The abdomen was opened, the appendix located,

only to find it in a perfectly normal condition. There was no more reason for an operation in that case than there was for the fall of the moon.

We homœopaths are being severely criticised for our treatment of this malady. It is claimed that we depend too long upon our remedies, delaying until it is too late to operate or do anything else to save, but it is my opinion that we must be conservative and not resort to extreme measures, frightened by the mere name of a disease.

Dr. E. Rushmore.—I believe that the President of this Association could give us valuable information concerning such cases. May I ask him to tell us something on this point.

President.—I confess, I am somewhat staggered when I hear doctors talking about appendicitis being incurable with remedies.

Having had an experience of forty years in the general practice of medicine, and during that time having had a good many cases of appendicitis and never having lost one, I do not see how they got well unless my remedies cured them. My remedies certainly had something to do with it. It is a truth verified by facts that there have been more deaths from the operation for appendicitis than there have been in the hundred years before for the want of it. I do not doubt but what cases have died that could have been saved by an operation, but they are very few in comparison with the cases that could have been saved if the operation had been omitted. Cases that are entirely amenable to remedies are frequently operated on to their detriment. I know how to make a diagnosis of appendicitis, but I have also cured cases that were diagnosed by well-known surgeons and pronounced incurable.

A surgeon of Philadelphia of large experience told me that it was wicked the way people were being operated upon for appendicitis, but he said it would not do for him to say that publicly, when the whole profession has gone in that direction and it is generally sanctioned. I asked him whether he did not operate for his own cases. He replied that he did; when pus had formed he let it out, not before. Then he put in a drainage and gave the remedy. I know that there are surgeons who made this statement in

the American Institute; that in any case of abdominal pain that persists twenty-four hours it is criminal to withhold an operation. I cannot see any good reason for that. I believe that inflammation in the appendicular region is just as amenable to remedies as it is in any other part of the body.

Dr. Arthur Fisher.—I was speaking with Dr. Biggar, of Cleveland, and he told me that he operated upon some of his cases of appendicitis, but a good many he did not operate upon, and the result of his experience was that more cases got well without operation than with.

Dr. E. P. Gregory.—Perhaps Dr. Bell will remember a case that I called at his office with about ten years ago. He had had three or four attacks of inflammation of the appendix which remedies had controlled. As the attacks were recurrent I advised him to give up work for a year. He went off to the woods, and has not heard from the trouble for eight years. He talked about endowing a homœopathic hospital, but he is going to get married and that will kill the hospital scheme. He has been doing hard work without any recurrence.

I was recently called to see a German woman who had severe pain in the right ileo-cæcal region, temperature of 104, bad pulse and great tenderness. Next morning she was worse, temperature half a degree higher. She said that she had always had an old school physician and did not want to wait for my remedies to work. The old school went in and opened up the abdomen in a hurry. Everything was in perfectly normal condition as far as we could see. The appendix was as sound as yours or mine. There was more trouble with the fallopian tubes than with the appendix. In addition to these I had a boy, the nephew of one of our Bridgeport physicians, who while heated from play sat on the damp grass. He developed pain, tenderness in the inguinal region and a temperature of 104. Under action of Rhus he got well and remained so.

Dr. C. M. Boger.—Every experience in appendicitis is complementary to our own and throws light upon the subject. The ability of the remedy to remove certain conditions appertaining to the appendix is unquestioned not only by our own school, but

also by the allopathic. Dr. William Pepper said that ninety per cent. of these cases do not need anything but remedies internally. Of the remaining ten per cent. one-half died under the operation.

One of the unfortunate things that we have to contend with is inefficient surgeons. There are too many half-baked surgeons running loose around the country, and I would rather trust to a homœopathic prescriber than to a poor surgeon.

I have had some experience in appendicitis, having treated a number of cases. One was that of a young lady who was seized with inflammation of the appendix as a consequence of being drenched with a hose. She had salpingitis, appendicitis and pneumonia all at once. There was profuse expectoration, the tube emptied itself into the vagina and in a few days we had pus in the stools also? Strong pressure was brought to bear upon me to consent to an operation, but I said, no, unless I am dismissed there will be no operation. The result was that she is as well today as any woman in this room.

Another was that of an old lady, who four months ago had an attack of apoplexy and then got appendicitis. Any surgeon who would venture into that abdomen would have more daring than I were I a surgeon. She made a tedious but good recovery under Apis.

J. B. Bell, M. D.—My views differ from those of some of my colleagues that I have heard here today. I, too, have had forty years' experience, but I could not express it here today in a five or ten minutes' speech. We should remember that names do not always describe things or conditions accurately. We have to individualize our surgical cases just as much as we do our therapeutic cases, and there is this additional difficulty here that the best of us can never foretell what a particular appendix is going to do when inflammation has once started in. Now, personally, I have never seen an appendix taken out that should not have been taken out, but that is a thing that undoubtedly does occur. I do not think that I ever saw a surgeon who would endorse the position of the Philadelphia surgeon quoted by Dr. Nash, viz., that one should wait until pus is actually in the abdomen before operating. Such a rule of action would turn every surgical case of

appendicitis into a drainage case, a thing to be carefully avoided. All such are dangerous cases, but if operated on before suppuration has occurred they are comparatively safe and simple.

The thing that often causes the suppuration is a fecal concretion in the appendix; it is just as dangerous as a cocked revolver pressed against your breast, with an uncertain finger upon the trigger. There is as yet no pus there, but just as certainly as the law of gravitation presses us to the earth it will ulcerate through and produce a general septic inflammation of the peritoneum. The real difficulty is to tell the cases that should *not* be operated upon.

The Surgical Sphere and Indications for Hypericum.

P. E. KRICHBAUM, M. D., UPPER MONTCLAIR, N. J.

In presenting this paper to such an enlightened homœopathic body I feel as awkward as a small team looks pulling a very heavy load. The sphere of Hypericum in its application to diseased conditions generally is well and fully blocked out in our various works on *Materia Medica*, but the place that the remedy fills in certain mutilations and injuries to the body deserves special emphasis and reiteration.

To cut and sew and mend, to splint and bandage, to dig out and plug up, is pure mechanics, each movement discernible by the eye, the efficiency of which manipulation is increased by a peculiar manual dexterity. Such is surgery broadly understood. But even the most brilliant instrument wielder in the world, with his every device known to modern invention, must occasionally doff his professional cap to Hypericum. Many times may surgical attention be averted by its use, and as many more times may the suffering subsequent to surgical repair be mitigated when we can read the signs that point to Hypericum as our needed auxiliary.

First Hypericum is conceived in lacerated wounds of those parts of the body that are richest in sentient nerves, germinated in congested nervous centers, and grows steadily towards the great nerve track of the spinal cord and the cerebrum. Hypericum then is pre-eminently a remedy for injured nerves, whether from wounds, shocks to the nervous system or from any cause. The

pains are always rending and tearing in character, always following the course of the nerve. You have for instance a laceration of the foot. In a few hours the wound begins to turn red, the pains are rending, tearing, following the course of the nerves up the leg. The muscles of the leg begin to twitch; next we have twitching and drawing in the muscles of the back, then back of the neck. The eyes look glassy, the pupils dilated, the head congested to the extent that the patient feels as if he were being lifted up and dreads the letting down. At this juncture a prescription of *Hypericum* may save you a case of tetanus, and later the signing of a death certificate.

Since *Hypericum* has local congestion so marked it will often prevent sloughing. In gun shot wounds, when the parts have been extensively lacerated and torn with engorgement of the capillaries attended with more or less discharge of bloody serum, we read in the Guiding Symptoms, and may verify in practice upon every needed occasion.

Another class of injuries for which we require *Hypericum* occurs in cases of injured corns or bunions. The housewife who has a special weapon for sore corns, the *razor*, uses it "not wisely, but too well," in trimming the part that predicts an oncoming rain or snow storm, without having thoroughly slaughtered the bugs on her instrument, and the surgeon is called to inspect this awful case of blood poisoning. There is redness and swelling of the part, with rending, tearing pains up the leg along the course of the nerve. Give a dose of *Hypericum*, wrap up the foot, and go home and sleep the sleep of the just.

Hypericum, however, is not restricted to wounds and punctures, but has bruises from falls upon parts rich in sentient nerves, i. e., falls upon the head or spine. It has special affinity for a portion of the body little thought of until we come down upon it with sufficient force to find out just where it is. As a classmate of mine once remarked, "I struck my coccyx one day, and have not been able to think since." Do you believe his story? I do. He certainly could think very little in a connected manner at least. That man was suffering from shock due to his fall. Had I known

about Hypericum he would never have left college disheartened. I am convinced Hypericum would have regulated his wits.

A child falls out of its crib, strikes its head and has a convulsion. Another falls and fractures or dislocates the coccyx. On come rending, tearing pains up and down the limbs, opisthotonos, strabismus and jerking in the muscles of the jaw. Hypericum will help you out.

While not strictly catalogued under surgery, there is another group of troubles belonging to and cured by this remedy. I refer to certain irregularities of the female economy.

Leucorrhœa, with delayed menses, palpitation of the heart, pressure in the small of the back and heaviness in the lower part of the abdomen.

Leucorrhœa in children, milky and corroding.

Urethral trouble in females who have worn pessaries.

The urethra feels hard, as if it were a rubber tube.

Hypericum may be thought of in enuresis when you find that the child shudders violently when the desire to urinate comes on.

Another condition wherein this remedy may prove a great aid is in a form of ascending neuritis after a fracture or into the nervous structure. The muscles will emaciate from below upward, outlining the course of the nerve, accompanied or not by severe pains.

I once had a patient who had tried to her soul's disgust to be relieved of a very distressing pain in her arm, the result of a fracture. Her arm was emaciated, muscles flabby, etc. Morphine and liniment would relieve the pain so that she could rest, but the emaciation kept up. I was a poor, beardless "sugar pill" doctor in the town, but in order to gratify a friend she applied to me for aid. Hypericum, one dose, and five or six bottles of liniment of my own make, which must be applied between 12 midnight and 1 A. M., cured the whole arm.

To sum up, Hypericum has the sloughing of Calendula, the soreness of Arnica, the twitching of Cicuta, Hyoscyamus and Stramonium and the congestion of Belladonna. It goes to the spot when indicated and saves a zigzag cure with the remedies mentioned.

Law vs. Anarchy.

A. R. MORGAN, M. D., WATERBURY, CONN., JUNE, 1903.

In the summer of 1902 it fell to my lot to encounter a disagreeable episode that afforded material for a good deal of serious thought, and at the same time taught a lesson which may not be entirely unserviceable to those of my professional brethren who, like myself, may not always find themselves prepared with a suitable response to meet flippant or disparaging assaults upon the system of medical practice to which we have devoted our lives with all the earnestness and sincerity of a firm religious belief.

At the time I was and had been for about two years attending the family of a prominent literary gentleman, a highly esteemed contributor to several standard periodicals, literary, scientific and religious, and was flattering myself with the idea that the superior results obtained from homœopathic treatment had succeeded in converting an influential and intelligent family to a belief in our method of medical practice. But one day when I had been calling at the editorial sanctum of my patron, and was about leaving, after a very pleasant interview, he took the wind out of my sails very suddenly by blandly remarking: "Doctor, I suppose I ought to tell you that I myself have not a particle of confidence in your school of medicine. I can have no faith whatever in a system of medical practice that limits its sphere of usefulness by adhering to an exclusive therapeutic law of cure.

WHAT!!! Not believe in a therapeutic law of cure!! Incredible!

My personal relations with this family had always been of the most agreeable nature, and under the circumstances this unexpected avowal was as startling to me as a thunder stroke from a cloudless sky; at the same time his air of complete self-complacency implied a very uncomplimentary doubt of the soundness of any man's judgment who would venture to differ with the settled conclusions above stated.

For a moment I was entirely disconcerted, but made out to suggest that he give me an opportunity to explain some of the principles of Homœopathy, which might remove some of his prejudices, which offer was politely declined under the pretext

of want of time, and I imagined of inclination also. He added apologetically that "ever since his college days it had happened that his most confidential and intimate friends had always been physicians;" that "he had always had a penchant for the study of medicine, and in fact had devoted a good deal of time to that study," etc., etc.

I grasped the situation at once. Here was an amiable gentleman who had read medicine just enough to be extremely wise in his own conceit; he had made up his mind, and like a vessel full to the brim, could not hold another idea without slopping over.

So seeing the futility of pursuing the matter farther I concluded to bide my time for a more favorable opportunity, which did not present itself until after the lapse of several months, when he applied to me for another prescription for his little daughter, whom I had formerly relieved promptly from a very annoying chronic trouble, which had shown some tendency to return.

Upon my expressing surprise at his applying to me again under the circumstances, he replied that, having some confidence in his own powers of observation, he should keep close watch, and if the case did not progress favorably he would take the liberty of changing treatment.

Deeming the opportunity a favorable one for the resumption of our former talk, in which he expressed his disbelief in the existence of a therapeutic law, and which assertion I told him had disturbed my mind more or less ever since, I challenged him to point out if possible any other branch of philosophical or scientific research—always excepting the practice of allopathic medicine—that has existence outside the universal reign of law.

I reminded him that we had chemical laws, mechanical laws, mathematical laws, natural and spiritual laws governing every department of the cosmos; but if the champions of old medicine chose to impale themselves upon the lawless side of the controversy we, as homœopaths, would not dispute that conclusion, for that verdict tallies with our ideas and experience from the time of Hahnemann.

Outside the reign of law there is no logical alternative but

chaos, anarchy, leaving no escape from that limbo of empiricism, allopathic medicine.

My learned friend went on to say that many modern scientists had come to seriously doubt the existence of so-called natural laws, substituting therefor the idea of their being merely working hypotheses; even the law of gravitation he claimed being included under the latter category, i. e., a working hypothesis.

Well! One might as well discuss the science of music with a deaf man, or the charms of colorology with a blind man, as to consider the subject of Homœopathy with one who denies the existence of all therapeutic laws.

The two dominant schools of medicine look upon disease, its nature, cause and cure, from totally different standpoints.

The old school regards disease as a positive material entity, caused by the invasion of the organism from the outside by some obnoxious foreign element or elements, which are to be antidoted, destroyed or expelled in the most direct manner possible; a consummation often attended by peril to the well being of the patient.

This purely material view of disease finds its culmination in the modern so-called "germ theory," which attributes nearly all diseases to the presence of noxious organic germs which have been introduced from the outside.

In contrast the homœopathician looks upon disease as a dynamic disturbance of that harmonious relation which in health exists between the material body and the vital force which animates that body.

We find in paragraph IX, and a few succeeding sections of *The Organon*, a clear and forcible presentation of Hahnemann's Medical Dynamics.

Any attempt upon my part to epitomize Hahnemann's able and complete statement of homœopathic doctrines would be as sacrilegious an interference as for a journeyman stone dresser to attempt improvement upon that marvelous conception of art, Power's Greek Slave. Therefore I trust this Association of loyal followers of our revered teacher will make no objection to taking the doctrines straight, without mutilation. The general trend

of modern scientific thought is toward the evolution of a rational dynamic philosophy; that is, the field of the imponderable forces, heat, light and electricity.

We notice in this direction reports in the Daily Press of a meeting of The International Chemical Congress held very recently in Berlin, at which that eminent scientist, Sir William Crookes, read a paper, entitled "Modern Views on Matter, the Realization of a Dream," in which he cited the utterances of Sir Humphrey Davy and Faraday as anticipating the possibility of reducing the elements to simpler bases, and sketched the significance of the Roentgen rays and Bequerel rays and the experiments of Currie and others. He continues:

"All these observations find internal connection in the discovery of radium, which probably is the basis of the coarser chemical elements here. Probably masses of molecules dissolve themselves into the ether waves of the universe, or into electrical energy.

"Thus we stand on the border line where matter and force pass into each other. In this border land lie the greatest scientific problems of the future. Here lie the final realities, wide reaching and marvelous.

"The nineteenth century saw the birth of new views regarding the nature of atoms, electricity and ether.

"While our views about the composition of matter generally are satisfactory today, will that be the case at the end of the twentieth century?

"Do we again see that our investigations have only a temporary value? Will we be content to see matter dissolving into a multitude of revolving electrodes?

"Such a mysterious dissolution of atoms appears to be universal. It occurs when a piece of glass is rubbed with silk. It is present in sunshine, in a rain drop, in lightning, in a flame, in a waterfall, in the roaring sea.

"Although the whole range of human experience is too short to form a parallax whereby we can foretell the disappearance of matter, nevertheless it is possible that formless nebulae will again prevail when the hour glass of eternity has run out."

May we not look confidently in this direction for a satisfactory explanation for the curative action displayed in our highly potentized drugs, whose efficacy is abundantly vouched for by intelligent and reliable observers all over the civilized world?

Prior to the publication of Hahnemann's great work, *The Organon*, he contributed several articles to *Hufeland's Journal*, the leading medical periodical of the day in Germany, which articles were afterwards republished in a book, entitled "*The Lesser Writings*," second only in importance to *The Organon*.

On page — he tells us as follows:

"After I had discovered the weakness and error of our teachers and books I sank into a state of sorrowful indignation, which had nearly altogether disgusted me with the study of medicine, and was on the point of concluding that the whole art was vain and incapable of improvement, and I gave myself up to solitary reflection and resolved not to terminate my train of thought until I had arrived at a definite conclusion upon the subject."

Our author then proceeds to criticise severely the glaring inconsistencies and errors of prevailing methods of treatment, and from sad experience says: "I know right well how far the methods of Sydenham, Frederick Hoffman, of Boerhave, and others are capable of curing, but perhaps it is in the very nature of this art, as a great many have asserted, that it is incapable of any greater certainty."

At this conclusion the great reverential soul of Hahnemann revolted, and he resumes as follows: "Shameful, blasphemous thought, I exclaimed. What, shall it be said that the Infinite Wisdom of the Eternal Spirit that animates the universe could not produce remedies to allay the sufferings of the diseases it allows to arise?

"The all-loving paternal goodness of Him whom no name worthily designates, who richly supplies all our wants, even the scarcely conceivable ones of the insect of the dust, imperceptible by reason of its minuteness to the keenest mortal eye, and who dispenses throughout all creation life and happiness in rich abundance. Shall it be said that He was capable of the tyranny of not permitting that man, made in His own image, should even

by the efforts of his penetrating mind, that has been breathed into him from above, find out the way to discover remedies in the stupendous kingdom of created things, which should be able to deliver his brethren of mankind from their sufferings, often worse than death itself?

"Shall He, the Father of all, behold with indifference the martyrdom of his best beloved creatures by disease, and yet have rendered it impossible to the genius of man, to which all else is possible, to find any method, any easy, sure, trustworthy method, whereby they may see diseases in their proper point of view, and whereby they may interrogate medicines as to their special uses; also, what they are really, surely and positively serviceable for? Sooner than admit the blasphemous thought I would have abjured all the medical systems in the world. There is a God, a good God, who in all goodness and wisdom, and as surely as this is the case must there be a way of his creation whereby diseases may be seen in the right point of view and can be cured with certainty, a way not hidden in endless abstractions."

As to the nature of disease Hahnemann teaches in paragraph IX of *The Organon* as follows: "In the healthy condition of man the spiritual vital force (autocracy), the dynamics that animate the material body (organism), rules with unbounded sway and retains all the parts of the organism in admirable, harmonious, vital operation, as regards both sensations and functions, so that our indwelling, reason-gifted mind can freely employ this living instrument for the higher purposes of our existence."

Also, in paragraph X, "The material organism without the vital force is capable of no sensation, no function, no self-preservation; it derives all sensation and performs all the functions of life solely by means of the immaterial being (the vital force), which animates the material organism in health and in disease."

In the immediately succeeding sections our author goes on to elaborate the dynamic philosophy. In the beginning of Hahnemann's practice he used the traditional doses of his time, but found that injury often ensued rather than benefit, and therefore set about reducing the size of his doses and continued his peculiar method of reduction with increasing satisfactory results, until

to his amazement he developed the homœopathic method of drug potentization, an entirely new principle in the history of medicine, whereby the curative action of many comparatively inert substances were converted into active curative agents. The use of the infinitesimal dose, this entirely meritorious feature of Homœopathy, has been the *brutum fulmen* of every antagonist of our noble art of cure.

The Administration of the Remedy.

JAMES TYLER KENT, A. M., M. D., CHICAGO.

It may be supposed by some that there is little to be said about the administration of the homœopathic remedy; by others that there is little to be learned beyond what can be found in the writings of Hahnemann. It should not be expected that Hahnemann could lay down fast lines for the use of the higher and highest potencies when he never used them. What he said about the use of remedies applies largely to the lower and 30th potencies. What he says about these is very useful about the administration of remedies in all potencies, but he gave general rules and nothing more could have been given at that time. An extensive experience with all kinds of potencies and constitutions, with varying degrees of sensitivity, will lead a good observer to make no fast lines to be followed by himself or others.

The difference in the activities of a given remedy in the 30th and 10m upon the same constitution is most wonderful, and the difference in the 10m and cm. is still more wonderful in some instances. In some constitutions the 1m is not repeated with advantage and in others stoical, several doses are necessary. The very high potencies seldom require repetition, if clearly indicated, to produce a long curative action in chronic cases, but in severe acute sickness in robust constitutions several doses in quick succession are most useful. In a typhoid with a high fever the best work is done by repeating the remedy until the fever begins to yield, which is at times several days. In a remittent fever the remedy may be repeated until the fever shows signs of falling. While the fever is rising in robust constitutions the remedy may

be repeated with advantage, and in some cases it is positively necessary.

It never matters whether the remedy is given in water in spoonful doses or given in a few pellets dry on the tongue—the result is the same. It has been supposed by some that by giving one or two small pellets that a milder effect would be secured, but this is a deception. The action or power of one pellet, if it acts at all, is as great as ten. If a few pellets be dissolved in water, and the water is given by the teaspoonful, each teaspoonful will act as powerfully as the whole of the powder if given at once, and the whole quantity of water if drank at once will have no greater curative or exaggerative power than one spoonful.

When medicine is given at intervals the curative power is increased and may be safe if it is discontinued with judgment. When a positive effect has been obtained the medicine should always be discontinued and the greatest mischief may come from continuing to give it. Therefore, it is not always that the technical single dose is the best practice, but the single collective effect is always to be sought.

The correct observer will soon learn whether this is to be secured by a single dose or a series of doses. But after this has been secured there is never an exception to the rule—wait on the remedy. In acute sufferings and in emergencies the above plan is best suited. In chronic diseases for the first prescription the single dose dry on the tongue will be found ever the best. After several doses have acted well, and when given at long intervals, the action is growing feebler and feebler, and the symptoms still call for the same remedy, a series of doses will show a stronger and deeper action, and this is even true if the potency is given much higher. Furthermore, it becomes safe to do this after several doses of a given medicine have been given singly and at long intervals, when it would not have been good practice with the first doses. When the 30th and 200th potencies are used it is much oftener necessary to give the medicine in water than when using higher potencies. These potencies have a much milder curative action than the higher and highest potencies, and, there-

fore, they are far more suitable to the very nervous and excitable women and children and to some men.

To suit all degrees of sensitivity in chronic diseases the physician must have at his command his deep-acting medicines in the 30th, 200, 1000, 10m, 15m, cm. and mm. potencies. With many chronic patients, if the remedy fits the symptoms or is the simillimum, any potency will do all the curing it can in two or three doses at long intervals and a higher potency must be selected. It is better to begin low and go higher and higher. Each change of the potency brings new and deeper curative action. It has been said by some, go very high at once and accomplish it at once, but it is not true that the cure is accomplished. In many chronic diseases the patient must be kept under the remedy a long time, and the remedy must be managed so that the curative power will not be thwarted. This continued action is best secured by the conservative method. In this way the cure is always mild, gentle and permanent. Again, to give the very high potency to the feeble and extremely sensitive, we bring back old complaints and symptoms too violently and too hurriedly, and fail to sustain the curative action long enough to eradicate the underlying miasm.

To avoid the shock or aggravation some give at night, others in the morning, but there is no difference. A deep-acting chronic remedy should seldom be given in the midst of a paroxysm or exacerbation, but at the close. This is an old settled rule that nearly all follow. To give a deep-acting remedy in the midst of great suffering would be to court aggravation and increase the suffering and to use up the curative power of the remedy uselessly. The dose would be worn out, and when repeated would often fail to act. It is necessary to nurse the case on to a fortuitous moment and then give the medicine. That moment is after the excitement has past—when there is a calm. If it be a menstrual suffering, after menstruation, if it be chronic sick headache, after the headache, if it be intermittent fever, after the paroxysm, will be found the best time to give the dose of medicine.

The management of incurables differs widely. No two are alike, and it is soon observed that medicines ever so carefully selected aggravate and palliate, and the force of the remedy is

soon used up and a new one must be found. It is seldom that the remedy works in more than one potency, and it is not uncommon that the remedy acts but a few hours. The rapid change in symptoms and states compels the patient to be ever near the physician.

The following axiom should always be held in mind: When the symptoms change the remedy must be discontinued, as it ceases to be homœopathic; therefore, whatever action it may exert cannot be curative and may be detrimental.

The single dose in all sensitive people anticipates this change of symptoms and must be the safest for general practice.

The repetition of the dose to intensify the action of the remedy must not be considered as the rule, but the exception.

It is unsafe for the beginner to indulge the desire to repeat too much—it should always be restrained.

The physician who prescribes in water universally will cause suffering in many of his sensitive patients, and it will appear to him that the disease is growing worse and he will change his remedy when he should cease to give medicine.

The higher the potency the greater the aggravation caused by this kind of repetition.

Physicians who practice only in the country among people who are strong and live out-door lives do not see the sharp aggravations that are seen in the city. The country people will stand more abuse from repetition as well as from crude drugs.

Bureau closed.

Bureau of Homœopathics, Mark M. Thompson, Chairman.

The Chairman of this bureau being absent it was conducted by G. P. Waring, M. D., in a very able manner.

DISCUSSION.

Dr. C. B. Gilbert.—I have just a word to say upon the denomination of the potencies; it depends a great deal upon who makes them whether the high potencies are really high or not. For instance, Tafel's potencies are what they claim to be, but Swan's are not what they claim to be; his 10m is nothing near the 10m, and his 1m is equally far off. Dr. Burdick demonstrated that

Swan's 1m was about the 30th of Hahnemann, and his cm. not much more. The subject may be reviewed in the second volume of the Organon, where there is a controversy about the relative value of various makes of potencies. When I am giving the 1m of Swan I know that I am giving about the 30th; the name makes no difference if you only know about it. Fincke's potencies are higher than Swan's, but still nowhere near what they claim to be. I wish that we could have some notation that would have the merit of uniformity. If when we say and use the cm. we are using only about the 3d we are making fools of ourselves. It would be better to stick to Hahnemann's method and know exactly what we are getting. Fluxion is all right, if we were only informed just what we were using. One of my patients derived more good from a Boericke machine-made cm. than anything that I had ever given him; put him to sleep in twenty minutes, and he awoke convalescent. The idea or theory of potentiation of Hahnemann I do not believe in; there is no more strength than in the whole. There is a difference in the mode of action between the mother tincture and the cm. not because of the strength, but because of a change in character or quality. If you carry it up high enough you will get violent action.

It is absurd to say that the 200th of Strychnine is stronger than the crude substance; it is not stronger, it is different; one will cure, the other will kill. I disagree with Dr. H. C. Allen in the use of the term potency. When he speaks of potency I say dilution or attenuation. What the cause of the difference in the action between the crude and the potency is I do not know, and think it best to advance no theories, and simply to call it dilution. Neither do I know what the law of similars is. Dr. Kent's paper is admirable. I have verified every one of his statements repeatedly. I have sometimes used the mother tincture with great satisfaction. One of the best cures that I ever made was with the mother tincture of Arnica. On the other hand, I do not think that the curative action of remedies ever ceases, no matter how much you dilute it.

Dr. T. Franklin Smith.—I want to say a few words endorsing Dr. Kent's paper. I have verified the rules he gives in my practice

a great many times. In one point my own experience does not quite agree with his. I understand the paper to say that it made little, if any, difference whether the medicine was given in the dry form or dissolved in water. I beg to differ in the case of one or two medicines at least. There are two medicines at least that experience has taught me that I can get no effect from in water or diluted. For a good many years I have not given Arsenicum or Phosphorus dissolved in water. I used to when I first began practice, but I soon found that I did not get the results from them that I expected, and made that change in the mode of administration with success. I always give them in the powder or tablet form.

Dr. C. B. Gilbert.—How about typhoid fever patients when the tongue is as dry as a board?

Dr. T. Franklin Smith.—I agree with Dr. Gilbert that it does make a difference whose make of attenuation we use. I prefer the name attenuation rather than potency. My own preference is for those made by Dr. Fincke, or by Dr. Carrol Dunham. I have never used those made by Boericke & Tafel. Dr. Dunham I knew personally, and I know just how they are made. They were all run up from the first. Dr. Fincke's, I believe, are made the same, from the first.

Dr. E. P. Gregory.—How about Lachesis; that was never known lower than the sixth.

Dr. T. Franklin Smith.—The sixth was the lowest that any one could get, and the higher preparations were made from that. My point is that they were run up one by one; there was no skipping.

Dr. Florence M. Watson.—The repetition of the dose was what interested me the most in the paper. The paper said that in acute cases you should repeat the dose until you can see a result. Now in the very motive temperament there is a slower response than in either the vital or sanguine; therefore, you need not look for an amelioration as quickly in such a temperament as in the other two. The reason being that all the processes are slower in the motive than in the nervous or the sanguine. Therefore, if you repeat as early or as often in the latter as in the former you will

very soon have an aggravation, and with some drugs the amelioration will be in the sweet by and by.

Then in typhoid we do not always get amelioration of the physical symptoms quickly, but we should not therefore repeat; amelioration of the mental symptoms is enough; wait on them. In acute cases I find that I do better with the single dose; in chronic ones repetition is more frequently called for. In one case that was unusual the remedy was *Natrum carb.*; the *10m* would produce decided but not lasting amelioration; change of potency brought neither change of symptoms nor amelioration; the *10m* was called for again and again. Never before had I to repeat a remedy so often. I consulted the best physicians that I knew of. Afterwards I found that the patient was working under gas light the greater portion of the time. Therefore the cause was acting all the time and reproduced the symptoms that were continually calling for *Natrum carb.* I have done so well with the single dose that I would recommend all to begin with that system, and they will learn by experience when to repeat better than the other way.

Dr. E. P. Hussey.—I do not suppose that it makes much difference whether we call our preparation dilutions or potencies, so far as the action of them goes; the name, however, does show a difference in our conception of the remedy. From all the knowledge that I can gain of the natural laws of things it seems to me that potency is the more suitable name. It seems to me the proper word to use for our remedies. The action of the part is stronger decidedly than the action of the whole, when the former is properly prepared. I may not be able to explain that to the satisfaction of all, as there are many things in modern physics that cannot be explained. It may be illustrated by the case of water; we all know how much more potency there is in a teaspoonful converted into steam than there is in a teaspoonful converted into ice. This increased power is due to the greater freedom of the molecules in the one than in the other. The parts, molecules, are decidedly more potent than is the water or the ice in which they are locked up. Why may not our remedies be supposed to gain a new potency owing to the separation and freedom of their parts,

atoms or molecules, by the process of trituration or dilution and succussion.

Dr. E. P. Gregory.—Five grains of Calomel will produce a certain effect, but the same amount triturated with milk sugar will produce twenty times the effect.

Dr. T. Franklin Smith.—I want to put one question while I am here. Very frequently I come across a case which is perfectly plain; the picture of the remedy is perfectly plain, and I give it in the attenuation that I consider best with no effect whatever. I change the potency, but without result. This may continue for a week or two. I then give a dose of Sulphur high every morning for three days, and then on returning to the original remedy it works like magic. What is the reason?

Dr. E. E. Case.—The reason for that is probably that there is an underlying psoric dyscrasia or condition that prevents the action of the first remedy; this the Sulphur removes and thus clears the way for it. I would like to say a word as to the value of different potencies. I prescribe a potency of a remedy that I know is indicated and get unsatisfactory or no result; then I prescribe the same remedy in a lower or higher potency and get immediate results; this experience repeated a number of times leads me to believe that there is a homœopathicity in the potency as well as in the remedy.

Years ago I went to see Dr. Wells in Brooklyn. I had a patient at the time that needed *Calcarea carb.* I had used the 200th and the 1m with no results. I stated the symptoms to Dr. Wells, who said to me: "Go over to Dr. Fincke and get his 40m." I did so and it cured the patient rapidly. That case led me to the use of the 40m. I know that there is a difference in the higher potencies. I do not believe that chemical action has any action on different potencies, and attenuation will not do as an explanation.

Dr. C. E. Alliaume.—I have had cases of a similar nature to those of Dr. Smith's, and have given Sulphur; in some instances I have gone back to the former remedy and cured the case, but in other instances Sulphur had no effect whatever. In these I have been able to trace the trouble to some miasm in the system, syphilitic, syctic or psoric, and here is where our nosodes come

in beautifully. They seem to act as a piece of copper in completing the electrical circuit. They seem to supply the very thing that is necessary.

Dr. E. P. Gregory.—I remember a case of spinal meningitis that I prescribed for without any good results. I looked over Panelli on typhoid fever for some light, and found a short note added from Hering, that if the apparently indicated remedy did not work give Opium in a single dose. I did so, and then returned to the original prescription, and it took hold.

Adjourned.

Is There a Law of Dose?

C. M. BOGER, M. D., PARKERSBURG, W. VA.

Every substance contains convertible stored force; in the human economy we call the process of transferring this energy into needed channels *inciting a reaction*, the necessity of which we take for granted.

All matter being in an oscillatory or vibratory state the gentle conversion of a given force is possible only by means of a medium having a more or less synchronous movement, the greater its divergence the more violence will accompany the process.

This law reaches all matter and applies to human dynamics, the greater the similitude of the chosen remedies the more highly must they be potentized and the less frequently can they be repeated, for we are turning the life forces back again into their old but diseased channels and do not want to do this violently, which will be the case should we give an overdose; nature always responds violently to violence.

The response desired must be estimated from the amount of energy available and the removability of the disease, although both of these factors are always variable quantities, especially the latter. We may see disease overwhelming an otherwise powerful constitution, the patient presenting only symptoms of profound prostration, as in dry cholera, or deep systemic poisoning, etc.; here it is absolutely necessary to make a correct choice and seek to liberate force repeatedly until a sharp reaction appears,

similar conditions in a patient of weak vitality, i. e., low conductive powers, we may seek to correct by liberating the smallest quantity of force by means of the highest potencies, hoping to bring about a gentle reaction. The more accurate the similarity the more powerful will the liberated forces tend towards the affected areas in revealing their specific action, which must always be more evident in acute or organopathic diseases, although no affection may strictly be called organopathic, the organic tendency is only a general expression through a specific point.

This reasoning seems to show that potency power depends not so much upon the height of the attenuation as upon the vibration rate of the finished product, the latter being estimated imperfectly by the number of strokes used. Hahnemann had an inkling of this. In several places he warns against using too many strokes, seeming to think that the preparation thereby becomes too powerful (see *Spigelia* preface). Some have tried to hold our practice down to the comparatively low potencies. The master himself once warned against unlimited potentization, but users of the highest preparations have found an essential difference between their action and that of those to which they were supposed to correspond mathematically. An instance, Swan's million was, I believe, computed to be about equal to the 8th centesimal; this being true his *1m* would be very low indeed. Actual bedside experience, however, shows the ordinary low or medium preparations to be far inferior in their action to their correspondent higher ones, granting the correctness of the calculations. Only one avenue of explanation then seems open, and that is that their power is due to the vibration rate set in action by the succussions; motions which seem capable of sudden expansion of their amplitude, as shown by the breaking of glasses by the highest potencies, which is, as you know, of frequent occurrence. The exploratory experiments of Prof. Jaeger, of Stuttgart, have not as yet borne their proper fruit. This is doubly regrettable and should no longer be neglected; because, forsooth, we have the law as a basic fact is no reason why its scientific support from all sides should not be cultivated and investigation of its scope undertaken.

The question of dose necessarily rests upon the relative simili-

tude of the chosen agent; the similimum in few doses of the highest potencies calls forth all the efforts the vital force is capable of towards a palliation or cure. The similar adapted to a partial picture can be more frequently repeated, but will work a proportionately less radical cure. It frequently uncovers groups of old symptoms which it is powerless to remove; this is especially true if it be a non-antipsoric.

DISCUSSION.

Dr. E. E. Case.—As the switch acts upon the railroad train, so does the remedy put the vital force upon the right track. Then so long as it continues moving in the right direction a repetition of the remedy, or a change of remedy, does harm.

Dr. C. B. Gilbert.—Dr. Hering once told me that he had taken three remedies and fastened them to the arm of a saw mill, so that they were shaken and succussed all day long without ceasing, in order to see whether there was any new power imparted to them by the process. He could not see that there was any difference in them at all. I believe that he was right. There was a machine invented by a doctor in Rochester, I do not remember his name, in which the vehicle or menstruum run in without violent fluxion or succussion. A Washington pharmacist told me that they worked finely. If this is so it seems to show that there is no virtue in the succussion other than that of mixing the drug thoroughly through the vehicle. I do not think that Dr. Case's illustration is very good; it leaves out the rousing of energy, the stimulation of the vital force into vigorous action against the unfriendly influences of the disease; not until the invading force is overcome do we get the physiological action of the drug.

Dr. Stuart Close.—Dr. Fincke's potencies have been referred to here, and it has been implied that they were not properly denominated. They have also been alluded to as examples of violent fluxion. I am in a position to deny the correctness of either of these statements. In the first place it has been mathematically demonstrated that Dr. Fincke's potencies are true contesimal potencies according to name; and in the second place I know that they are made by gentle, continuous and not violent fluxion.

By Dr. Fincke's process it is a physical impossibility for the

drug and vehicle to be in any other proportion than that in which they exist when the process of potentiation is started. If the proportion of one to ninety-nine at the start it will be that and nothing else all the way through. They are made and named according to the centesimal scale. As we all know that Dr. Fincke's preparations are thoroughly reliable, this tends to disprove the idea that succussion has anything to do with the effect of a preparation, or that it enhances its power. I have no theory to enunciate as to what the power of a potency depends upon, but from authoritative information I can deny the imputation that Dr. Fincke's potencies are not what they purport to be.

Dr. E. E. Case.—Dr. Fincke believes, and I think rightly, that the element of time has much to do with the thorough preparation of potencies. His are made very slowly. I have talked with him upon the subject, and he says that his potencies are 'as true to denomination as it is possible for science and mathematics to make them, and for me the word of Dr. Fincke stands against the world. I know the man.

Dr. G. P. Waring.—I am very glad to hear about Dr. Fincke's potencies. I am already convinced of their efficacy, and this discussion informs me further of their accuracy.

Dr. L. M. Stanton.—I would like to ask what the time consumed in the process of making the potencies has got to do with their value.

Dr. E. E. Case.—You must ask Dr. Fincke about that. If my memory is not at fault it takes about two weeks to prepare the cm. potency from the mother tincture.

Dr. E. P. Hussey.—As I understood Dr. Fincke, he said that the violent succussion had nothing to do with the power of a potency, but that thorough mixture had, and that the slow preparation was necessary for the purpose of securing thorough mixture of the medicinal substance and the vehicle. That is where the element of time came in.

Dr. Flora M. Watson.—I have heard that Hahnemann found it necessary when he had been riding over rough roads to use potencies that had not been so shaken up, as it had increased their power. And that was the way that he discovered that succussion

had the property of adding something to the power of the potencies. I think that Hahnemann used more than three remedies in his experiments.

Dr. J. B. S. King.—That is a rumor or a legend not founded in fact, and I challenge any one to produce any authority for the statement.

The Union of Pathies.

At the meeting of the Colorado State Society an offer that is eminently fair and honorable to all schools of medicine, and which does not require the sacrifice of any principle by any member, was tendered as an olive branch to the American Medical Association in lieu of their recent attempt to induce homeopaths to become members of their societies. All that is required is, that they agree to investigate Homeopathy, give it a fair and impartial test in practice, and publish the failures to the world. In other words, they are simply to add to their present empirical therapeutics the science and art of Homeopathy, the healing of the sick.

Dr. Smythe introduced the following preamble and resolutions, which were, amid great enthusiasm, adopted :

"WHEREAS, The American Medical Association has recommended the admission of homeopaths to membership in all allopathic medical societies throughout the United States on condition that said homeopaths shall first agree to drop the name Homeopathy from any public or private use in their business and professional capacities; and

"WHEREAS, We believe that our allopathic brethren are much more ignorant of Homeopathy than we are of allopathy; and

"WHEREAS, We believe that a knowledge of the truths of Homeopathy would be of the very greatest benefit to the allopathic school and the patrons thereof; and

"WHEREAS, We desire, in the spirit of true fraternity, to reciprocate the courtesy which has been extended to us; now, therefore, be it

"Resolved, That the Colorado Homeopathic Society, in convention assembled, on this, the 17th day of September, 1903, hereby extends a cordial invitation to all allopathic physicians in good standing to become members of this society, on condition that they shall agree to investigate the law of Homeopathy, and to give it a fair and impartial test in practice.

"Resolved, That this society hereby recommends that all homeopathic societies throughout the State of Colorado and throughout the United States shall pursue a similar course and extend the privilege of membership to all who will accept it on the above condition."

C. J. CLARKE, M. D., Denver.

The Medical Advance

AND

Journal of Homeopathics.

A Monthly Journal of Hahnemannian Homeopathy

When we have to do with an art whose end is the saving of human life any neglect to make ourselves thoroughly masters of it becomes a crime.—
HAHNEMANN.

Subscription - - - - Two Dollars Per Annum

The editor is responsible for the dignity and courtesy of the magazine, but not for the opinions of contributors.

The Advance does not send sample copies unless asked for, and has no free list. It is published for the medical profession in the interests of a purer homeopathy, of scientific therapeutics.

To accommodate both reader and publisher this journal will be sent until arrears are paid and it is ordered discontinued.

Contributions, Exchanges, Books for Review and all Communications should be addressed to the Editor, 5142 Washington Avenue, Chicago.

Communications regarding Subscriptions and Advertisements should be sent to Lancaster, Pa., or 5142 Washington Ave., Chicago.

OCTOBER, 1903.

Homeopathy Is, or It Is Not.

The Pasadena correspondent of *The Medical Student*—the students' magazine of the Boston School—in a reminiscence of the late Dr. Talbot, his eternal vigilance in the cause of Homeopathy, his energy and skill as an organizer both for the college and hospital and his devotion to the advancement of scientific therapeutics in general, closes a stirring appeal with the following:

The future dean of the Boston University School of Medicine has a gigantic task before him. I am told that there is a tendency in the school to place a growing emphasis upon the teaching of subjects devoid of homeopathic principles, while Homeopathy itself is given less and less prominence each year; that many members of the Faculty are indifferent and even prejudiced against the tradition of the school; that the hospital clinics are becoming more and more surgical. If this be true, in any degree, it does not need a prophet to read the future, for their students are being educated away from Homeopathy, and by so doing are cultivating a professional nihilism which will surely react upon the cause. Homeopathy is or it is not.

But the students had evidently heard of a better Homeopathy—the Homeopathy of Hahnemann that cures so-called incurable cases after surgery has failed—and the journal adds:

In response to a request by the senior class Dr. W. P. Defriez, of Brookline, gave a course of lectures on Homeopathy, based upon the teachings of the Organon, Chronic Diseases, and the practical application of the tenets therein contained.

Dr. Defriez's familiarity with, and his interest in, the subject made it an easy matter for a pleasant and valuable result to the class. That the course was received with appreciation is best shown by the constant attendance, there being hardly an absentee.

Dr. Defriez is a well known member of the International Hahnemannian Association, a sterling and unflinching Hahnemannian of which Boston and vicinity has many, and both students and Faculty are to be congratulated that he has taken up the work in earnest, for according to the correspondent it was sadly needed in the Boston School. We have heard many graduates of that otherwise most excellent college bitterly complain that they had never received any practical drill in the Healing Art, as expounded by the master. They were never taught how to select the similitum in a difficult case or how to use it after it had been selected; in fact, might as well have graduated at Harvard, for in each college everything is taught except how to cure the sick.

Without such step as the one recently taken by the Faculty, well may the correspondent, evidently a graduate of the Boston School, say: "Their students are being educated *away* from Homeopathy, and by so doing are cultivating a professional nihilism which will surely react upon the cause." It is a very serious problem that not only the Boston School but all our colleges must face. Let the teaching in every department be made as scientific as true science can make it, but by all means let the science and art of similia be included, for without it there is no reason for our existence as a separate school of medicine. If we are to become more and more scientific? (allopathic) and less and less homeopathic why not drop the farce and amalgamate at once? Why blame some of our colleagues who send their sons to allopathic colleges for an education and a degree, because there is

no true Homeopathy in our own? As a school we might as well "give up the ghost" as ignore or repudiate the teachings of the Organon. This criticism of the correspondent applies to all our colleges as well as Boston. Is it not a fact that we do not do by the student as well as we know?

While this teaching and this tendency were true until a year ago, the future looks brighter now, for incited by the appeals of the students the Faculty has taken a step in the homeopathic direction. The Homeopathy of Hahnemann has now a representative on the Faculty, and the student will have a practical course on the science and art of healing. The Organon and its principles will have a hearing, at least, from a Hahnemannian teacher, for we maintain that no one can teach the Organon who does not practice what he teaches. As well attempt to teach surgery without a clinic as Homeopathy without the Organon. A surgeon who had never amputated a leg or performed an abdominal section would make an indifferent teacher before a critical class of students. But not more indifferent or more culpable than he who attempts to teach the Organon and fails to demonstrate how to find the remedy in an obscure and difficult case.

COMMENT AND CRITICISM.

Homeopathic Treatment of Goitre.

DEAR DR. ALLEN:

I am trying to practice Homeopathy as it should be practiced, but I do not know enough. Please tell me what you prescribe for goitre with no other symptoms? I have many cases here and patients are otherwise well. I also have cases of enlarged glands; no other symptoms. I have used Iodine, Calcarea, Lapis alba, Rhus and Baryta carb.; am afraid to use a very high potency unless I am sure it is the right remedy. The patients become discouraged as they improve and then relapse. I have cured some cases and others have improved. Lapis alba 6 has done well for me, but I alternate with Iodine 2 or 3 if case does not improve,

or use Calcarea 3 with one of above-mentioned remedies according to constitution of patient.

Now if you can advise me; tell me how you treat such cases. I will be under many obligations and it will help Homeopathy here. I enjoy the ADVANCE very much and am pleased with the union with the Journal. Awaiting your reply and thanking you in advance, I am sincerely,

E. B. RICHARDSON.

Rochester, Vermont.

COMMENTS.—Huxley says: "The next best thing to being right is to be clearly and definitely wrong." When a colleague who is trying to practice Homeopathy frankly says, "I do not know enough," the appeal will always find the ADVANCE willing to aid, if the editor "knows enough." We have seen many cases of goitre, but never saw a case "with no other symptoms." Goitre is a pathology, an enlarged thyroid, at most a single symptom, and Hahnemann insists that "a single symptom is no more the disease than a single foot is the patient;" and a homeopathic prescription is based on the totality of symptoms, not on a single symptom, or a condition, nor is it made for the disease. Prescribing Calcarea, Iodine or any other homeopathic remedy for goitre is pure empiricism. The use of a homeopathic remedy does not make the treatment homeopathic by any means.

The doctor has overlooked the anamnesis, the taking of the case, the first element of the prescription, for which see Organon, Section 83, *et seq.*, especially the directions for chronic diseases, for goitre is a chronic disease occurring in a strumous diathesis.

Both the family history and the personal history of the patient will reveal symptoms galore, and these must be committed to writing. Goitre is a product of psora and no psoric patient is ever devoid of symptoms; and the fault is ours if we do not find them. When the totality of the symptoms that distinguish a case of goitre or any other disease is once accurately sketched, the most difficult part of the task is accomplished, for any student of Hahnemann can select the remedy when the case is once well taken. After the remedy has been selected he must know how to use it, how to allow it to do its perfect work.

Local treatment, the topical use of Iodine and other agents, is not only worse than useless, it is dangerous; for the dispersion of the goitre by such means never eradicates the basic, constitutional cause. Our experience with crude drugs and low (weak) potencies in the treatment of goitre, and we have used them for years, is unsatisfactory. Sometimes they remove the goitre, but they rarely cure the patient. The dynamics of the remedy must be stronger than the disease in order to eradicate it.

As far as possible remove every exciting or maintaining cause. Patients using water strongly impregnated with lime and other minerals should drink filtered rain water or distilled water. They should avoid tea, coffee and stimulants and use little or no meat. Then this *bete noir* of all schools of medicine will be found more tractable, and the single remedy and often a single dose of a strong dynamis will be efficacious. The dyscrasia, the psoric or tubercular miasm or diathesis must be cured ere its local manifestation, the goitre, is permanently removed. Give us the symptoms and we will help you cure your patient.

Hahnemann's Orthography.

EDITOR MEDICAL ADVANCE:

See page 411, MEDICAL ADVANCE, August, 1893.

Organon, Section 279, "The dose of the homeopathically selected remedy can never be prepared so small that it will not be stronger than the natural disease."

I have interlined, between stronger, and than the words, *in a curative view*, in my copy of the Organon, not that I want to improve on Hahnemann's writings, but to help some one else who may read my copy to understand the truth easier.

I notice, and we all should, how perfect is Hahnemann's use of language; so devoid of theories and idiosyncrasies. His descriptions are exhaustive and I do wish all journals would require their printers to print "*Homœopathy*" as Hahnemann wrote it every time, old Noah Webster (who was not an honest, true man) to the contrary. Boericke & Tafel require their printers to spell it correctly on all their labels and publications, and I honor them for it.

JOHN F. EDGAR.

El Paso, Texas.

Has not the word Homeopathy with many of the Latin words been used long enough to become anglicized. Especially with

the twentieth century effort to reform orthography or bring it up-to-date this criticism is timely. The ADVANCE has dropped the diphthong wherever possible. Life is too short to retain all the forms of a thousand years ago.

The Use and Abuse of Opium.

EDITOR MEDICAL ADVANCE:

In his able article in the September issue on the Use of Opium Dr. King overlooks an important factor in the case, viz., the symptom totality. Why does not similia hold good even in desperate or moribund cases? Why does not the law apply here? I should prefer to state the homeopath's position thus:

First. Cases apparently moribund, if the characteristics of the patient and his sufferings are similar to those produced by Opium.

Second. In traumatic cases, with severe pain, if Opium is the similitum, give it. If not, study the patient. The symptoms pointing to the remedy needed to correct conditions produced by one or more of the three great miasms of Hahnemann, or an acquired drug miasm, may not show themselves prominently until the person so affected receives some shock, such as is caused by traumatism, fright, anger or grief.

Third. In incurable cases the symptoms indicate the remedy that gives euthanasia.

J. S. WATT.

Bellevue, Kansas.

Repetition of a High Potency.

EDITOR MEDICAL ADVANCE:

In the March number of the MEDICAL ADVANCE I find under the heading "Diarrhea and Other Cases," by E. H. Wilsey, M. D., the treatment of Herbert C—— (Case IV.) was concluded by the administration of Hyoscyamus 200 every hour or two, with the result that the patient died the next day. With all deference to the learned doctor, may I inquire if the practice of repeating higher potencies, such as the 200th, so frequently, as the doctor

did, is commendable. Was not the fatal end hastened by the frequency of the doses administered?

Your valuable comment on the treatment followed is solicited.

A. S. MUKERJEE.

Bengal, India.

COMMENTS.—Dr. Mukerjee's criticism, made in the interest of science, may be correct. When, in the closing scenes of a desperate struggle, the vital force is nearly overpowered, such frequent repetition of the remedy, especially in the stronger potencies, often hastens what we are trying to prevent. And the more nearly the remedy is the similimum the greater care should be observed in its repetition. The balance is no nearly adjusted that the slightest weight may turn the scale for or against the patient, hence the greatest care must be used not only in the selection, but especially in the repetition. In such a case as this watchfulness on the part of the physician may detect leading symptoms that will aid in the selection, or indications that absolutely prohibit repetition. We do not think the teachings of Hahnemann warrant frequent repetition in such a case as this. The single dose is both better and safer.

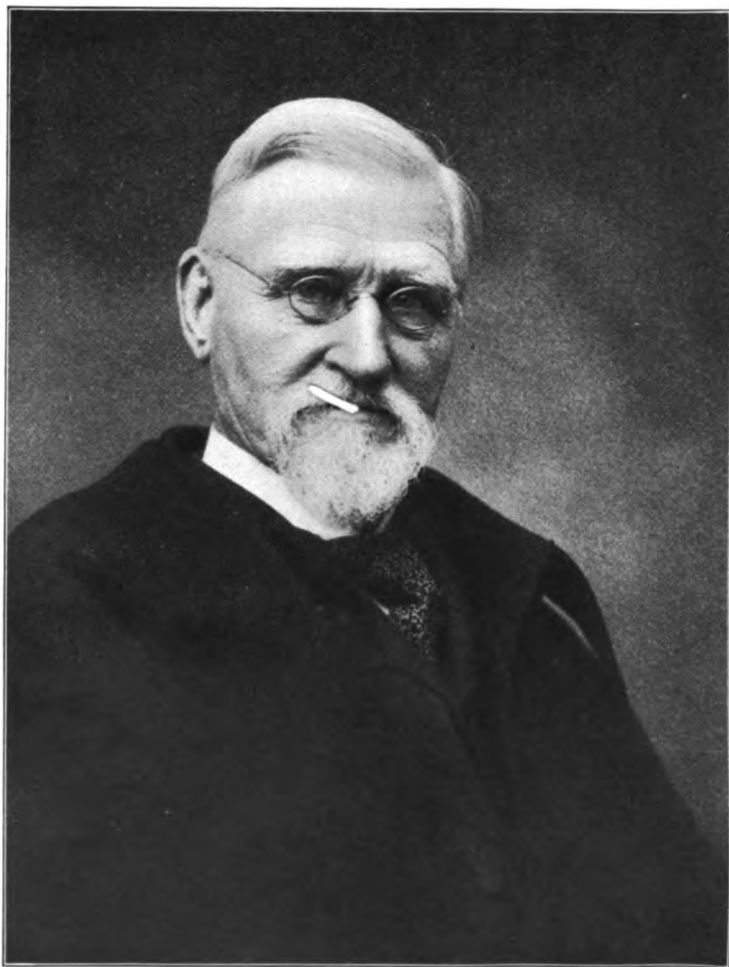
Ed.

AN AURUM CASE.—The fever paroxysm of Cedron is not more clock-like in regularity than the demands of a well regulated printing office. Many of our subscribers have forgotten apparently that it requires money as well as brains to make a good homeopathic journal.

IN MEMORIAM.

Dr. A. R. Morgan, of Waterbury, Conn., died August 31st, at Boston, in the Massachusetts Homeopathic Hospital, aged seventy-three.

He was born in Gouveneur, N. Y., March 23, 1830, a descendant from New England ancestry. He received a thorough academic training, and, choosing a medical career, entered the Medical College of Geneva, N. Y., and the next year went to Philadelphia and graduated at the Homeopathic Medical College in 1851-2.



ALONZO R. MORGAN, M. D.
Born March 23d, 1830; died August 31st, 1903.

After graduation he spent some time in Europe, taking post-graduate work under the most favorable auspices at L'Ecole de Medicine in Paris. Returning to America he settled in Syracuse in partnership with Dr. H. H. Cator, and subsequently with Dr. W. A. Hawley. Here he soon secured a large and lucrative practice, and served in many official positions, as State and county physician, physician to the Orphan Asylum, and surgeon to the Fifty-first Regiment of New York State Militia, which he held until 1861, in all of which he acquired a reputation for ability, promptness and zeal in the performance of his various duties. He was Professor of Institutes and Practice in the Homeopathic Medical College of Pennsylvania in 1866; of Theory and Practice in New York Medical College; member of American Institute of Homeopathy; member of the International Hahnemannian Association; of New York State Homeopathic Medical Society; of Central New York Homeopathic Medical Society, and of many county societies. On account of failing health he was compelled to relinquish his college work, and eventually his practice in 1871. His contributions to various medical journals have always attracted attention for their thorough discussion of the subject at issue and the therapeutic value of his papers.

Dr. Morgan was married October 4, 1860, to Ellen, second daughter of Mr. Charles A. Wheaton. He had one son, Edward, a very bright lad, who died in 1877, at the age of fifteen.

In 1890 he was strongly urged to locate in New York City and continue his work in the New York Homeopathic College, but disliking the bustle and confusion of a large city he removed to Waterbury, Conn., and there again began practice in 1892. In 1896 he met with an accident, which, no doubt, was one of the causes of his death, at least he never fully recovered from the shock. While driving on Main street his carriage was demolished by a street car, and he and Mrs. Morgan thrown violently to the pavement, fracturing the collar bone and several ribs.

In June last an old prostatic trouble, after being quiescent for more than thirty years, reappeared with increased violence. His sufferings steadily increased, and although remedies were faithfully tried by more than one skilled prescriber, every effort failed,

and the pain became unendurable. The only resource left was surgery. He went to the Massachusetts Homeopathic Hospital, where Dr. James B. Bell returned from his summer home in the mountains to perform prostatectomy, July 23d. The operation was a success, no fever or septic trouble supervening, but his sufferings still continued, and under the constant pain his appetite failed, and he gradually succumbed.

In the death of Dr. Morgan Homeopathy loses a tried adherent and one of its ablest and most efficient expounders. As a life member of the Central New York Society his contributions have been read with great interest, and are always instructive.

Dr. Morgan was a great traveller. He visited Hawaii, and his observations on the treatment of leprosy are very valuable. Two years ago, the winter of 1902, he spent in St. Croix, W. I., and the readers of the *ADVANCE* will distinctly remember his description of the effects produced by *Hippomanes Mancinella*. He left Martinique only a few days before the eruption of Mt. Pelee. His last paper was a contribution to the Transactions of the International Hahnemannian Association at its recent session at Boston, and will be found on page 553.

New Publications.

DISEASES OF THE URINARY ORGANS, including Diabetes Mellitus and Insipidus. By Clifford Mitchell, A. B., M. D., Professor of Renal Diseases in the Chicago Homeopathic Medical College, Urologist to the Chicago Laboratory for Clinical Diagnosis. Illustrated. 716 pages. Linen, \$4.00, net. Postage, 30 cents. Philadelphia and Chicago. Boericke & Tafel. 1903.

This is the latest work of Dr. Clifford Mitchell on diseases of the urinary organs. It is dedicated to the "General Practitioner," who in these days has need to be a specialist in everything, and is written with special reference to this need of the busy doctor. In addition to a complete work on diagnosis of diseases of the urinary organs, a thorough treatment is given of diabetes mellitus and insipidus. It is written in the usual lucid style of the author, and like

all his works is marked by thoroughness. The pathology of the work is that adopted by Riesman in the American Text-Book of Pathology, and in these later days a thorough knowledge of the pathology of the diseases of the kidneys is absolutely necessary for the professional reputation of the general practitioner. Some fine points in diagnosis and pathology frequently make or break the beginner in practice, as many affections of the heart depend upon the pathological condition of the kidneys.

Modern surgery is now playing a prominent part in the treatment of many diseases of the urinary tract, and the writer has done well to elaborate the surgical treatment of such maladies, for no doubt suffering may be alleviated and the fatal issue often postponed or prevented by the services of the expert surgeon. Here the general practitioner, while not expected to be always ready to perform some of these difficult operations, should, at least, know when they should be performed, both for the benefit of his patient and his own reputation.

In the surgical department the writer has been assisted by Dr. Charles Adams, of Chicago, whose advice in everything pertaining to modern surgery may be relied upon.

In the manner of diet, climate and general hygienic measures, upon which success so often depends, the writer has given the results of his extended experience.

The weak spot in the work is its limited therapeutics. For instance, in the treatment of chronic interstitial nephritis the author has given very complete and elaborate instructions for prophylaxis, the principles of treatment, regimen, climatology, diet, the harmful effects of drugs *in extenso*, but when the symptomatic treatment is given he overlooks the patient and prescribes for the nephritis. Here he says the usual remedies are Acon., Ars., Aur. m., Glon., Kali iod., Iod., Lith. c., Mer., Nit. ac., Nux., Plb., Phos. ac., and then adds: "The writer has seldom seen much, lasting benefit from any of these." In this he is correct, for neither the writer nor anyone else has ever seen any lasting benefit when the remedies are prescribed for the disease. This is true not only of this but of every other disease mentioned in the book. Here in the treatment of chronic interstitial nephritis, one of the most common

and at the same time one of the most intractable lesions of the kidneys, the writer has entirely overlooked the patient. In this affection of the kidneys above all others the patient requires constitutional antipsoric remedies, which must be selected for the patient and not for his disease. In this way many cases now considered incurable may be not only benefited, but life and usefulness prolonged for years. The author is correct in giving an extended paragraph on the harmful effects of drugs, especially Iron, Digitalis, Opium and Morphine. And he might with equal justice have excluded all narcotics, such as nervous stimulants, mineral water and the everlasting Lithia tablet. Patients with suspected kidney lesions should not smoke strong cigars or indulge in meat, sugar and starches very freely; in fact, they had better become vegetarians and live a normal life if they expect to escape diseases of the kidneys. Patients whose diet and method of living are carefully regulated and who receive the proper constitutional treatment will rarely require special therapeutic measures, which under homeopathic treatment so often includes the crude drug-ging of Allopathy plus the alternation or frequent repetition of homeopathic remedies in crude form or lower potencies. Yet this work is by far the best produced in our school.

THE THEORY AND PRACTICE OF MEDICINE. By Gaius J. Jones, M. D., Dean and Professor of Theory and Practice of Medicine, Cleveland Homeopathic Medical College, Consulting Physician and President of the Visiting Staff, Cleveland Homeopathic Hospital; Member American Institute of Homeopathy, etc. Edited by J. Richey Horner, A. M., M. D., Registrar and Professor of Neurology, Cleveland Homeopathic Medical College; Neurologist, Cleveland Homeopathic and Cleveland City Hospitals; Member American Institute of Homeopathy, etc. Second edition, octavo, extra cloth. 459 pages, interleaved. Price, \$2.50, postpaid. Published by the author, 1903. J. Richey Horner, 275 Prospect St., Cleveland, O.

This work of Professor Jones is practically made up of stenographic reports of lectures delivered before his classes in the Cleveland College, hence it is practical rather than theoretical,

and the etiology, diagnosis and pathology are largely the experience of the author from an extended observation in his practice. As the editor says: "In making comparison of this book with another treating on the same subject, it must be remembered that the author depends absolutely on the experience gained in nearly forty years of a more than usually active practice. We are safe in saying that not one paragraph has been taken from other authors. A similar comparison of many other authors reveals the fact that one-half, possibly more, of the material used by them was taken from writings already published. Hence it is that the thousand page book if edited from the standpoint of the author's personal experience and practice would dwindle down to one-fourth of the size."

Chapter I. is devoted to a general consideration of disease, what it is, the predisposing and existing causes, and these causes are illustrated from his experience in the examination of patients and the history of their diseases as they are met with in general practice. In this he is exceedingly practical, not theoretical. It is the practical discussion of everyday work in which the student is so soon to become one of the factors in the profession that makes it helpful. This chapter alone will well repay the student or practitioner for the purchase and study of the book. Here is an illustration:

"The most notable case is that of the late President. You know how optimistic the physicians were in regard to that case. In a case of that kind the physicians and surgeons should have laid down a rule that for two weeks they would not decide positively. Now just imagine how much better Dr. McBirney would stand in the opinion of the American people if he had said on Wednesday to the Vice-President, 'You had better remain here for a week or ten days longer; these cases are not safe until two weeks have elapsed,' and thus saved all that terrible distress which followed. The anxiety was great in any event. Here meetings of thanksgiving were held on the very day that the relapse occurred."

The editor says: "From the standpoint of a materia medicist some criticism might be made, but it is a well known fact that the general practitioner, while not restricting himself in any way to the

use of our remedies, usually finds that nine-tenths of his patients will be treated with a few remedies. Probably thirty remedies will be all that he will require generally, and the remaining tenth of his patients will be such as require a study of *materia medica* not suitable to the scope of such a work as this."

We regret to say that this is a serious defect, not only in this book, but in every book in our school devoted to the practice of medicine. The tendency is to treat the disease and overlook the patient, to use a routine practice instead of carefully committing the symptoms to paper, and then using the repertory to find the constitutional remedy. In this way the number of remedies would be quadrupled, and the remedy demanded by the patient and the patient's condition given instead of the remedy called for, or supposed to be called for by the character of the disease under treatment. We congratulate both author and editor on this practical addition to our working armamentarium, for here we have the experience of a good man and a careful observer, and the many practical hints which he gives are very valuable. Its condensation is to be praised in a work on practice.

REPORT ON MEDICAL EDUCATION AND OFFICIAL REGISTER OF LEGALLY QUALIFIED PHYSICIANS IN ILLINOIS. Published by Illinois State Board of Health, 1903. James A. Egan, M. D., Secretary, Springfield, Ill.

This work embraces medical practice in Illinois, medical colleges and faculties, the medical societies and officers, the pension examining boards, the requirements for practice in the United States, the medical colleges in the United States, the official register of physicians in every county of Illinois, with the name, address, school of practice, date and college of graduation of every registered physician in the State of Illinois. Here also is to be found states, villages and towns of Illinois, with their population according to the census of 1900. The official register of legally qualified physicians is corrected to September 14, 1903. While the official register was being printed, copies of the proof sheets of each county list were sent to physicians for correction. These were promptly returned and the information thus obtained was.

used in correcting the revised proof sheets.. Hence the register is as complete as it is possible to make it up to date. The requirements for practice as set forth here can be depended upon as absolutely correct. We heartily commend the work of the Secretary, for every medical practitioner in Illinois will find in this volume the status of the profession in the State very clearly outlined.

EVERYBODY'S MAGAZINE for October comes to us heralded with the announcement that under its new management the circulation has grown by 100,000 copies during the past four months. This is rather remarkable, for the usual tendency is towards a loss during the summer. This number contains a very pleasing array of stories, pictures, poems, comments on the times, portraits of eminent men and women, and articles on special topics. Among the latter is a character sketch of Chicago by Will Payne, the novelist, giving a vivid picture of that great overgrown, noisy, dirty, good-tempered "hobbledehoy" among cities, ignorant of the value of urbanity, yet exhibiting a vital energy destined to carry it on to a maturity unsurpassed by many an older metropolis. The article is apropos, for Chicago has just celebrated its one hundredth birthday anniversary.

News Notes and Items.

OUR APOLOGY.—The printer has troubles as well as the editor sometimes. A break down in the type-setting machines, and the "sudden resignation" of "the make-up man?" and the foreman demoralized the office at a critical period. But we will be out on time with November number, and hope with the new year to get out on the first of the month. We crave the indulgence of our readers.

Dr. John B. Garrison announces his removal from 111 East 17th street to 115 East 71st street, New York.

Dr. J. E. Rowe (Hering, 1903) passed a very creditable examination before the Kansas State Board and locates at Marion, Kan.

Dr. J. E. Rowe (Hering, 1903) passed a very creditable examination before the Kansas State Board, and locates at Marion, Kansas.

Dr. J. E. Huffman, formerly of Healdsburg, California, who has spent the last year in post-graduate work in Hering Medical College, is located at 546 Suter street, San Francisco.

Dr. A. W. Cormack, Fredonia, Kansas, and Dr. T. W. Williams, Litchfield, Ill., were recently in the city taking post-graduate work and investigating the advances in medicine since they graduated.

Mr. J. Mitchell, 35 King St., Egremont, Liverpool, has an interesting catalogue of new and old homeopathic books, files of homeopathic journals, etc. If any of our readers want some of the valuable old works, out of print, or want to complete files of journals for binding, write him for a catalogue.

Mr. J. Mitchell, 35 King street, Egremont, Liverpool, has an interesting catalogue of new and old homeopathic books, files of homeopathic journals, etc. If any of our readers want some of the valuable old works, out of print, or want to complete files of journals for binding, write him for a catalogue.

Dr. J. G. Waggoner has removed from Kansas City, Mo., to Port Dover, Ontario. The doctor is a true Hahnemannian of the Hering type, thoroughly devoted to the law and practice as is laid down in the Organon. He will be missed from the ranks in Kansas City.

Dr. M. F. Baxter (Hering, 1903) has succeeded to the practice of the late Dr. Givins, of Bogie, Texas, where there is a wide field, and we think the doctor is the man to fill it. He has had four years of training in Hering Medical College, was a hard student, and is well prepared to practice Homeopathy. He goes to Bowie under very favorable auspices, and we predict a successful career.

Dr. H. W. Bassett announces that after October 1, 1903, his office and residence will be 108 Grace street, Richmond, Va.

Dr. T. M. Stewart, Secretary of the Pulte Medical College, announces the receipt of the Carolyn Hooper bequest of \$25,000 for the benefit of the college. The trustees have only to decide whether they will accept cash or securities in bank stock or Cincinnati gas stock. It ought not to require much time to make a decision.

Dr. Henry C. Aldrich, of Minneapolis, and Miss Grace W. Reade, of the same city, were married September 5th, in St. Paul, at the residence of the bride's sister. Dr. and Mrs. Aldrich will be at home at "The Sunnyside," 2431 Hennepin avenue, Minneapolis, after September 14th. The ADVANCE extends congratulations to the veteran editor.

Dr. W. S. Playfair, author and specialist in obstetrics and diseases of women, well known wherever the English language is spoken, died at St. Andrews, Scotland, August 13th. In 1896 he was sued by a woman, a patient, for revealing facts derogatory to her character, which were obtained in professional confidence, and mulct in a verdict of \$60,000. The decision confirmed the principle that a physician is never warranted under any circumstances in violating professional confidence.

Dr. J. R. Boynton, Emeritus Professor of Surgery in Hering Medical College, is making an extensive inspection of the best sanatoria in Europe, preparatory to assuming medical charge of his new sanitarium at Waukesha, Wis. The building is nearly completed; will cost \$150,000, and will be equipped by the latest and most complete appliances—electrical, mechanical, medical and surgical—to be obtained, and will be in charge of experts in hydrotherapy, and whether medical or surgical cases, all will receive strict Hahnemannian treatment.

The following extraordinary coincidence is reported in a special dispatch to *The Inter-Ocean*. Three generations—mother, daughter and granddaughter—give birth to twins the same evening and within a few hours:

Newburg, N. Y., Oct. 2, 1903.—Mrs. John Beam, of Mitchellville, N. Y., aged 65, has given birth to twins. Her daughter, who lives in the neighboring township, presented her husband with twins the same evening. Before congratulations were over Mrs. Beam's granddaughter sent word that she had just become the mother of two healthy children.

The Alumni News Letter, of September, says: Last year the regents of New York admitted three Chicago colleges on an equal footing with their own, and "one was a homeopathic college, the Chicago Homeopathic Medical College." Our contemporary should be better informed in regard to Chicago colleges, for another homeopathic college, the Hering, was also admitted to equal standing last year. In Michigan, too, the graduates of all colleges are placed on the same basis. They receive their license to practice when they pass the State board examination, just as they do in Illinois. But we trust that in the near future reciprocal relations will be the rule instead of the exception as it is at present.

Vaccination is evidently being strictly carried out in Philadelphia. The *North American* of September 30th contains an account of a night scene at the office of Dr. Mills on 18th street. "Two thousand weary school children were standing in line for hours upon the pavement, while each arm was examined for vaccination scars, and none being visible the virus was applied. Six policemen were almost as busy as Dr. Mills in preventing the little ones from blocking traffic or being run down by wagons in the street. At midnight the line was yet long and the virus was still flowing in the office of the physician. The hurry is due to the fact that unless the pupils of the Stanton public school show certificate of vaccination they cannot return to their studies tomorrow." The parents are protesting against such hardships, and we suggest that they keep up the protest. Work of this kind will do much to investigate the bounds of compulsory vaccination.

HAHNEMANNIAN DIRECTORY

For the convenience of readers who desire to recommend their patients to Hahnemannian physicians we publish a list of those who, to the best of our knowledge, use the single remedy. We ask assistance in correcting, extending and perfecting this list in order to make it more useful. These cards, including subscription, are \$3.00 per year, but names of those who desire to be known as Hahnemannians will be retained in the Directory whether subscribers or not.

Arkansas.

Eureka Springs,

Ellis, C. F.

Hot Springs,

Biggs, E. L.

Hallman, H. V.

California.

Alameda,

Ledyard, W. E., 2201 Central avenue.

Los Angeles,

Glidden, J. I. Mackay, Henne bldg.

Hawkes, W. J., 620 Laughlin bldg.

Waddell, W. E., 431 Douglas blg.

Marysville,

Tapley, J. F.

Oakland,

Selfridge, C. M., 1068 Broadway.

Selfridge, J. M., 1068 Broadway.

San Francisco,

Huffman, J. E., 546 Sutter St.

Martin, Geo. H., 606 Sutter St.

McNeil, A., 611 Van Ness Ave.

Wilson, M. T., 1666 Fell St.

Hautiere, Rose de la, 1621 Golden Gate Ave.

Rice, Philip, 121 Geary Ave.

Santa Barbara,

Crooks, E. W.

Stambach, Henry L.

Balch, E. T.

Woodland,

Martin, J. T.

Colorado.

Brighton,

Swan, A. F.

Denver,

Clarke, E. J., Steele Block.

Enos, Clinton.

Enos, C. W., Mack blk.

Higgins, Kittie W., 910 16th St.

Brown, Ralph D. P.

Greely,

Wallace, Paul B.

Connecticut.

Bridgeport,

Gregory, Edw. P., LaFayette St.

Hartford,

Case, Erastus E., 902 Main St.

Hazardville,

Hayes, Royal E. S.

Middletown,

Ives, S. Mary.

New Haven,

Goodrich, L. R., 93 Lake Place.

Torrington,

Pulver, Grace C.

Waterbury,

Cameron, H. A., 24 State St.

Delaware.

Wilmington,

Mullin, John W., 918 West St.

District of Columbia.

Washington,

Custis, J. B. Gregg, 912 15th St.

Gilbert, C. B., 1444 Rhode Island.

Riggs, D. H., 1410 11th St.

Florida.

Tampa,

Larner, Leonard G.

HAHNEMANNIAN DIRECTORY.

Illinois.

Blue Island,

Parsons, F. H. B.

Chicago,

Allen, H. C., 5142 Washington Ave.
 Allen, J. H., 219 East 42d Place.
 Barber, G. L., 92 State St.
 Beatty, Elizabeth, 3950 Indiana
 Bloomington, Frances E., 360 62d.
 Brown, May T., 251 35th St.
 Cadwell, E., 2452 Wentworth Ave.
 Clarke, Edith Tenley, 215 31st St.
 Collins, Helen S., 4102 Wabash
 Day, L. A. L., 55 State St.
 Farrington H., 31 Washington St.
 Farrington, E. A., 1400 Spaulding.
 Fellows, Antoinette K., 100 State.
 Felt, Sarah A., 922 Sawyer Ave.
 Fisher, C. E., 809-103 State St.
 French, A. C., 4801 N. Clark St.
 Friend, Chas. F., 1612 Garfield bd.
 Fritts, L. C., 21 Ashland Boul.
 Gray, Addie E. F., 528 W. 69th St.
 Gurney, Belle, 6854 Wentworth.
 Hamilton, D. S., 6412 Stewart Ave.
 Kent, J. T., 92 State St.
 King, J. B. S., 70 State St.
 Kirkpatrick, J. R., 4259 Cottage
 Grove Ave.
 Kutznik, Max, 429 Oak St.
 Lange, Pauline E., 586 W. Madison
 St.
 Leipold, W. C. A., 3702 Lake Ave.
 Lockwood, F. H., 2595 N. Ash-
 land Ave.
 Mack, Mary K., 4120 Vincennes
 Ave.
 Martin, Margaret C., 3542 Vernon
 Ave.
 Maxson, Mary Van Alstin, 1132
 Washington Boul.
 McClelland, Wm. A., 3853 Lang-
 ley Ave.
 Mitchell, Stafford T., 2720 N.
 Hermitage Ave.
 Morris, R. N., 103 State St.
 Niemann, M. Caroline, 4934 Wa-
 bash Ave.
 Parker, Harley N., 78 State St.
 Paul, Ph. D., 103 State St.
 Pollach, Paul, 585 W. North Ave.
 Putnam, Ida B., 2294 Gladys Ave.
 Reininger, E. E., 353 Oakley Boul.

Roberts, T. G., 99 E. 37th St.
 Sayre, C. E., 3946 Drexel.
 Scholes, Lydia C., 475 S. Leavitt.
 Stayt, C. B., 92 State St.
 Storer, John 92 State St.
 Straten, H. J., 421 Cleveland Ave.
 Straten, Hubert, 421 Cleveland
 Ave.
 Steere H. H., 36th and Lake
 Ave.
 Taylor, E. A., 63d and Parnell Av.
 Thompson, Mark M., 55 State St.
 Titzell, F. C., 6413 Kimbark Ave.
 Tomhagen, J. A., 55 State St.
 Trumbull, Elizabeth, 59th and
 Halsted Sts.
 Von Kotsch, R. H., 935 W. 63d
 Waring, G. P., 92 State St.
 Warne, Geo. B., 4203 Evans Ave.
 Watson, Flora M., 3946 Drexel bd.
 Wieland, Frank G., 3000 Mich. bd.
 Wilcox, Helen B., 713 E. 66th St.

Decatur,

Enos, Laurens.

Evanston,

Winslow, T. H., 1319 Chicago ave.

Hammond,

Noe, O. D.

Irving Park,

Barstow, Rhoda Pike.
 Barstow, Charles F.

Joliet,

Bergman, Nils.

La Grange,

Becker, Chas. W.
 Taylor, Harriet S., 27 Fifth Ave.

Lincoln,

Braucher, Alma E.

Mason City,

Gustafson, Frank A.

Naperville,

Dienst, Geo. E.

Norwood Park,

Yorks, W. K.

Pana,

Eberle, Julia C.

Princeton,

Anderson, James C.
 Downer, A. G., 812 Vernon Ave.

Sheridan,

Carr, Jessie B.

Somonauk,

Carr, C. T.

HAHNEMANNIAN DIRECTORY.

Indiana.

Elkhart,
Fisher, A. L.
Mumaw, H. A., 411 Main St.
Huntington,
Sutton, S. F.
Indianapolis,
Compton, J. A., 21 E. Ohio St.
Kokomo,
Holcombe, A. W.
Middlebury,
Page, Wm. B.
Milford,
Benson, W. C.
Rochester,
Crosby, William S.
Terre Haute,
Baker, W. H.
Van Cleave, M. B.

Iowa.

Cedar Rapids,
Johnston, B. R.
Charles City,
Klinetop, W. B.
Clinton,
Reynolds, M. S., 704 Bluff Road.
Council Bluff,
Hanchett, A. P.
Davenport,
Kiester, Josephine M., 6th St.
Des Moines,
Royal, George.
Eaton, Chas. W.
Linn, Alex. M.
Iowa City,
Gilchrist, James G.
New Albin,
Boyer, Howard C.

Kansas.

Cottonwood Falls,
Kendall, Addison.
Emporia,
Yingling, W. A., 814 Market St.
Marion,
Barrows, G. S.
Iola,
Garlinghouse, O. E.
Mayetta,
Stoaks, F. E.
Pittsburg,
Porter, F. A.

Pretty Prairie,
Isaac, Elizabeth B.
Topeka,
Aldrich, H. L., 733 Kansas Ave.
Harding, Eva.
Wichita,
Milford, E. S.

Kentucky.

Danville,
Krichbaum, J. W.
Somerset,
Baute, Joseph A.

Louisiana.

New Orleans,
Graybill, J. D., 1317 Napoleon Av.
Shreveport,
Norwood, W. D.

Maine.

Ashland,
Dixon, Amelia A.
Bath,
Curtis, C. F.
Crowley,
Rainey, R. B.
Livermore Falls,
Oakes, Charles H.
South Limington,
Briggs, F. E.

Maryland.

Baltimore,
Morgan, Wm. L., 202 W. Frank-
lin St.

Massachusetts.

Boston,
Bassett, Alice H., 2 Common-
wealth Ave.
Bell, James B., 178 Com. Ave.
Bender, Prosper, Exeter Cham-
bers.
Drake, O. M., 70 Huntington Ave.
Hastings, Caroline E., 160 Hunt-
ington Ave.
Kennedy, A. L., 286 Newberry St.
Kimball, S. A., 124 Common-
wealth Ave.
Nichols, C. F., Hotel Pelham.

HAHNEMANNIAN DIRECTORY.

Payne, James Henry, 344 Commonwealth Ave.
Thurston, R. L., 260 Clarendon St.
Wesselhoeft, W. P., 176 Commonwealth Ave.

Brookline,
Defriez, W. P.
Turner, Maurice W.
Cambridge,
Cobb, Harriet Hodges, 49 N. Ave.
Framingham
Patch, F. W.
Jamalca Plain,
Jameson, R. E., 28 Elliott St.
Marblehead,
True, R. S.
Newton,
McIntosh, F. L.
Newton Highlands,
Eaton, S. L.
Keith, Fred. S.
Newtonville,
Cutting, Chas. Theo.
Taft, Mary Florence, 303 Walnut.
Provincetown,
Gleason, W. W.
Quincy,
Davis, F. S.
South Framingham,
Parmenter, Kenneth R.
Winchester,
Houghton, Henry L.

Michigan.

Bad Axe,
Henderson, S. J.
Bay City,
Ely, Edwin S.
Ely, Nina M.
Detroit,
Bell, Marguerite, 840 14th Ave.
Kendall, E. J., 80 W. Adams Ave.
Grand Rapids,
Ruffe, A. L.
Hart,
Munger, Louis P.
Lansing,
Carpenter, A. H.
Le Roy,
Barr, Ulysses S.
Marquette,
Markham, R. C.
Mt. Pleasant,
Decker, Amanda.
Tigra,
Baker, Harley N.

Union City,
Henderson, Wm. Charles.

Minnesota.

Alexandra,
Peake, Francis.
Centerville,
Mas, R. Del.
Minneapolis,
Gray, Thos. J., 602 Nicollet Ave.
Leonard, W. H., Masonic Temple.
St. Paul,
Donald, Alex.

Missouri.

Kansas City,
Lyon, Wm. Maclay, 409 Deardorf Bldg.
Sutfin, John H., 2026 Vine St.
Crutcher, L. P., 423 Deardorfbldg.
Edgerton, Mark, 438 Deardorf bd.
Boland, John H., 208 Deardorf bd.
Rummel, Luella Z., 904 Olive St.
Putnam, Caroline, 525 E. 10th St.
Waggoner, G. J., 612 E. 13th St.
Mexico,
Winans, T. H.
St. Louis,
W. J. Burleigh, 4253 Delmer Boul.
Reed, Wm. L., 4201 W. Bella St.
Schott, A. H., 3811 Delmar Boul.

Nebraska,

Omaha,
Clark, Martha E.
Holmes, H. P., Dietz Wy.
Lankton, Freeda M., 1617 Dodge St.

New Jersey.

Boonton,
Woodruff, M. H. C.
Hilton,
Brown, Phoebe D.
Hoboken,
Rabe, R. F., 26 Columbus Terrace.
Montclair,
Butler, Clarence Willard.
Geddes, Annie L., 12 Fullerton Av.
Krichbaum, P. E.
Newark,
Woodruff, F. C.
Plainfield,
Rushmore, Edw., 429 Park Ave.

H. C. ALLEN, M. D.

Chronic Diseases a Specialty.
Consultation by letter or in person
will receive prompt attention.
103 State Street.
Office Hours: 1-3 P. M.
Residence: 5142 Washington Ave.

J. J. THOMPSON, M. D.

—Surgeon—
717 Marshall Field Building.
CHICAGO.
Hours: 3 to 5 P. M.

THOMAS G. ROBERTS, M. D.

99 E. Thirty-Seventh St., Chicago.
Diseases of Children.
Office Hours: 8 to 10 A. M.; 1 to 2
P. M.; 6 to 7:30 P. M. Sundays,
3 to 5 P. M.
Telephone Oakland 1508.

DR. J. A. TOMHAGEN.

Office: Suite 1320, Masonic Temple,
Chicago.
55 State Street.
Hours: 12 to 4. Tel. Central 5255.

J. B. S. KING, M. D.

Office, 70 State Street,
Chicago.
Hours: 2:30 to 5 P. M.
Tel. Cent. 5039.
Analyses made for the profession
of BLOOD, SPUTUM, URINE, Etc.

DR. FRANK C. TITZELL.

SURGEON AND GYNAECOLOGIST
Am prepared to go to any part of
the country for consultation or operation.
Private hospital accommodations.
6413 Kimbark Ave., Chicago.
Telephone 9143 Drexel.

DR. MARO F. UNDERWOOD.

808 S. Hope St.,
Los Angeles, Cal.

Appropriate climate selected for
asthmatics and consumptives.

L. A. L. DAY, M. D.

O. et A. Chir.
Eye, Ear, Nose and Throat.
Hours: 9 to 12:30; 4 to 6.
55 State St., Masonic Temple,
Suite 1320.
Tel. Central 5255 Chicago.

F. G. WIELAND, M. D.

3000 Michigan Avenue, Chicago,
Qualitative and Quantitative Uro-
Analyses.

A. McNEIL, M. D.

611 Van Ness Ave., San Francisco,
CALIFORNIA.
Chronic Diseases a Specialty.

H. R. STOUT, M. D.

Jacksonville, - - - Florida.
Special attention to
Diseases requiring
Change of climate.

MARK M. THOMPSON, M. D.

Surgeon and Gynaecologist,
805 West Monroe Street,
CHICAGO.
Office Hours: 2 to 4. 55 State St.
1320 Masonic Temple.
Tel. Central 5255.

J. T. KENT, A. M., M. D.

Consulting Physician,
92 State St. From 10-2 P. M.
504 Stewart Building.

DR. JOHN A. KIRKPATRICK.

Office:
4259 Cottage Grove Avenue,
Telephone Oakland 450.
Residence, 397 E. Forty-Sixth St.
Telephone Oakland 75, Chicago.

CLARENCE C. HOWARD, M. D.,**Neurologist.****57 West 51st St., New York City.****Office hours: 11 to 1, 5 to 6:30.****Telephone 573 Plaza.****Sundays by appointment.****JOHN STORER, M. D.****SPECIALIST,****Eye, Ear, Nose and Throat.****92 State St., Chicago.****Suite, 1106; hours, 10 to 4.****Telephone 1718 Central.****Residence, Evanston, Ill.****EDWIN A. TAYLOR, M. D.****City Office, 514-515 Venetian Building, 34 Washington St.****Hours, 2 to 3:20 P. M. Phone Central 2285.****Englewood Office and Residence,****635 W. 63d St., Cor. Parnell Ave.****Hours, 8 to 10 A. M.; 6 to 8 P. M.****Phone Wentworth 1813.****GUERNSEY P. WARING, M. D.****Residence, 619 Church St.,****Evanston, Ill.****Hours, 9 to 11 A. M. and 5:30 to 7:30 P. M.****Telephone 1513.****Chicago office, Suite 504-92 State St.,****"Stewart Building."****Hours, 12:30 to 2:30 P. M.,****Tel. 2290 Central.****DR. THOMAS W. WINSLOW.****1319 Chicago ave. Evanston.****Eye, Ear, Nose and Throat.****Hours: 12-2 and 7-8 P. M.****Telephone 3094.****J. D. ROBERTSON, M. D., D. D. S.****Dentist,****1106 Stewart Building.****Latest electrical equipment.****Hours, 9 to 5.****DR. ROBERT N. MORRIS.****1201-103 State street.****Office hours, 2 to 6 P. M. Suiday, 4 to 5 P. M.****Telephone Central 1960.****Residence, 2758 N. Winchester Ave.****Hours, before 10 A. M., after 7 P. M.****Telephone Sheridan 903.****F. H. LOCKWOOD, M. D.****2595 North Ashland Ave.****Hours, 8 to 9 A. M.,****1 to 2, 6 to 7:30 P. M.****Telephone Lake View 531, Chicago.****WM. A. McCLELLAND, M. D., D. O.****BESSIE D. McCLELLAND, D. O.****Osteopathic Physicians.****Office and Residence, 34 The Hampden,****3853 Langley Ave., Chicago.****Hours, 9 to 12 A. M., 2 to 5 P. M.****Phone 1182 Oakland. Consultation free.****CHICAGO SCHOOL OF OSTEOPATHY.****(Incorporated.)****Wm. A. McClelland, M.D., D.O., Pres.****B. D. McClelland, D. O., Sec.,****3847 Langley ave., Chicago.****Regular course, 20 months. Physicians' course, 10 months.****MARGARET S. McNIFF, M. D.****Office hours, 8 to 9:30 A. M., 1:30 to 4:30 and 7 to 8 P. M.****Telephone 1768 Hyde Park.****7453 Cottage Grove Ave.****DR. E. R. McINTYER.****Consultation in nervous and chronic diseases in city or country.****Residence, 2471 Fulton St.****Tel. Austin 2632.****Hours till 8 A. M., 5 to 6 P. M.****Suite 408-70 State St. Tel. Central 4252****Hours, 9 to 11.****Best hospital accommodation.**

DR. WM. C. A. LEIPOLD.

Residence and Office, 3702 Lake Ave.
 Hours, 8 to 9 A. M., 12 to 1:30 and
 6 to 8 P. M. Sundays, 12 to 1:30 P. M.
 Telephone Oakland 1062.
 Suite 1400 Reliance Building, 100
 State St.
 Hours, 2 to 3 P. M. Phone Central 257.

G. E. DIENST, M. D.

Physician and Surgeon,
 Naperville, - - - - - Illinois.

ANTOINETTE K. FELLOWS, M. D.

Residence, 4058 Washington Ave.
 Hours, 9 to 11 A. M., 5 to 8 P. M.
 Telephone Gray 3334.
 Office, 1008-100 State St.
 Hours, 1 to 3 P. M.
 Telephone Central 4639. Chicago.

HARVEY FARRINGTON, M. D.

Chronic Diseases a Specialty.
 815 Marshall Field Building.
 Hours, 12 M. to 2 P. M.
 Telephone Private Exchange No. 1.
 Residence, Glenview, Ill.
 Telephone "Burnham Residence."
 Chicago.

VANE. FREEMAN, M. D., D. D. S.

Dental Surgeon.
 1104 Masonic Temple Bldg.
 Office Hours, 1 to 5 P. M.
 Home Address, 9022 Cottage Grove
 Ave.
 Hours, 8:30 to 11:30 A. M.

DR. R. H. VON KOTSCH.

935 W. 63d St.
 Office Hours: 6:30 to 8 P. M.
 Tel. Wentworth 5411.
 Surgeon in charge Swift & Co.,
 Libby, McNeill & Libby.

DR. J. H. ALLEN.

General Practice and Disease of Skin
 Residence, 4712 Greenwood Ave.
 Hours, 7 to 10, 6 to 8.
 Phone 626 Drexel.
 Office, 92 State Street.
 Hours, 2 to 5.
 Phone 1591 Central.

CHAS. W. BECKER, M. D.

24 Fifth Avenue,
 Lagrange, - - - Illinois.
 Hours, 3 to 5. Phone 511

FRANK BRANEN, M. D.

Office, 900 Reliance Building, 100
 State St.
 Hours, 12 to 1. Tel. Central 174.
 Residence, 961 W. Monroe St.
 Hours, 8 to 9 A. M., 2 to 3 P. M.,
 6:30 to 7:30 P. M.

E. CALDWELL, M. D.

Special attention
 given to
 Infant feeding.
 1153 E. Sixty-Seventh Street.
 Telephone Normal 1778. Chicago.

EDITH TENLEY CLARKE, M. D.

215 E. 31st St., near Indiana Ave.,
 Chicago.
 Hours, 8 to 11 A. M., 5 to 7 P. M.
 Sunday, 10 to 12 A. M.
 Telephone Brown 2491. The Palos.

WM. MACLAY LYON, M. D.

Diseases of the Stomach.
 409 Deardorf Building,
 Kansas City, Mo.

Home Phone, West 120.

Office Phone, Main 3371.

DR. DAVID DUNCAN,

Chicago.

Residence:
 2159 Lexington street, near West
 40th ave.
 Hours: Mornings until 9; evenings
 6 to 8.

Office:
 Hours: 12 to 4 P. M.
 Masonic Temple, Suite 1209.

WOMEN, CHILDREN AND CHRONIC DISEASES.

FISHER'S DISEASES OF CHILDREN.

**THE BEST HOMEOPATHIC TREATISE ON DISEASES
OF CHILDREN EVER PUBLISHED.**

The Medical Advance is able to offer this splendid work, formerly sold at \$5.00 and \$6.00, for \$3.00 in cloth binding; \$3.50 in Sheep or half Morocco. It is the most complete, comprehensive and consistently homeopathic work on the treatment of diseases of children before the profession. Dr. Fisher puts out the new issue at the lowered price because the sales of three previous issues have more than met the cost of publication. It is a book which should be in every homeopathic library.

The International Hahnemannian Association

At its last meeting, authorized the sale of a certain number of volumes of its past years' Transactions.

In accordance therewith I will sell F. O. B., these volumes at the following prices.

25 Complete sets, 1881-1902 (both inclusive) 19 volumes, \$25.00

25 Single copies, Vol. I (1881-2-3 bound together) \$2.00 each

10 Single copies, Vol. II (1884-5 bound together) \$5.00 each

Copies, Vol. III, 1886, not sold except with full sets.

The other odd volumes at - - - \$1.00 each

This is a rare opportunity to obtain a set, or odd volumes, to complete one of the most helpful works ever published in the homeopathic school by any society. The pathogenesis of many new remedies are here found that are not to be had in any other work on Materia, e. g., The X-Ray, Malandrinum, etc. Also valuable papers by Dr. Lippe, Wells, Guernsey and other well-known Hahnemannians.

**PHILIP E. KRICHBAUM, M. D., Treasurer,
207 Bellevue Ave., Upper Montclair, N. J.**

BOERICKE & TAFEL

*HOMŒOPATHIC PHARMACISTS,
IMPORTERS AND PUBLISHERS*

BUSINESS ESTABLISHED IN 1835.

Oldest and Largest Homœopathic Pharmacy.

The only Homœopathic Pharmacy in the United States that
has been awarded Prize Medal at International Exhibitions.

The Centennial, Philadelphia, 1876.

The Cotton, New Orleans, 1884-5.

The Columbian, Chicago, 1893.

The finest results are obtained from high-class Homœopathic Medicines. The highest class Homœopathic Medicines are those prepared by this firm. Their fresh plant tinctures **are made from Fresh Plants**. All of their 1x triturations receive **not less** than four hours' triturating, and **each** succeeding X receives **not less** than two hours' triturating. Their tablet triturates are made from these triturations, and are not equalled by any other. **THE PRICES ARE REASONABLE FOR**

HIGH CLASS MEDICINES.

Physicians' Price Current sent free on request, to Physicians and Medical Students only. Correspondence respectfully solicited.
Address nearest pharmacy as given.

BOERICKE & TAFEL,

PHILADELPHIA—1011 Arch St.	PHILADELPHIA, 117 S. 13th St.
PHILADELPHIA—15 N. 6th St.	NEW YORK—145 Grand St.
NEW YORK—15 West 42d St.	NEW YORK—634 Columbus Ave.
CHICAGO—44 E. Madison St.	PITTSBURGH—627 Smithfield St.
BALTIMORE—228 N. Howard St.	CINCINNATI—204 W. 4th St.

POLK'S Medical Register and Directory

Was Established in 1886

Do Not Be Deceived by Imitators

**See that the name R. L. POLK & CO. is
on the Order before you sign it.**

Polk's is the only complete Medical Directory.

Polk's is the only Medical Directory having an index to all physicians in the United States.

Polk's has stood the crucial test of time with increasing popularity. It thoroughly covers the field.

R. L. POLK & CO., Publishers

DETROIT, MICHIGAN



AMERICA'S MOST POPULAR RAILWAY

CHICAGO

AND

ALTON

PERFECT PASSENGER SERVICE

BETWEEN

CHICAGO AND KANSAS CITY,
CHICAGO AND ST. LOUIS,
CHICAGO AND PEORIA,
ST. LOUIS AND KANSAS CITY.

THROUGH PULLMAN SERVICE
BETWEEN CHICAGO AND

HOT SPRINGS, Ark., DENVER, Colo.,
TEXAS, FLORIDA, UTAH,
CALIFORNIA AND OREGON.

IF YOU ARE CONTEMPLATING A TRIP, ANY PORTION OF WHICH CAN BE MADE OVER THE CHICAGO & ALTON, IT WILL PAY YOU TO WRITE TO THE UNDER SIGNED FOR RATES, MAPS, TIME-TABLES, ETC.

GEO. J. CHARLTON,
GENERAL PASSENGER AGENT,
CHICAGO, ILL.

Those Slow Chronic Cases. There comes a time with many individuals when they have reached the parting of the ways between a condition of health and a condition tending downwards. When this fork in the road is reached by a slow and gradual decline of the vital forces, the intelligent physician quickly recognizes the responsibility placed upon him.

The properly indicated remedy combined with other restorative processes will bring the patient back to the enjoyment of normal health once more. On the other hand, the improper treatment will change the history of a case entirely. It is under such circumstances as this that every Homeopathic physician should have access to that masterpiece of Homeopathic Literature—**HERING'S GUIDING SYMPTOMS**.

Every eulogy ever written or pronounced upon Constantin Hering, is an argument in favor of the **GUIDING SYMPTOMS**. This work represents the clinical verification by Hering of the great principles of Hahnemann. It is the predigested food for all Homeopathic prescribers. It is a short cut to the desired result. To the expert Symptomatologist and the laboratory-taught Pathologist alike this work should appeal as the best interpretation of the Principles of Homeopathy.

THE REPERTORY OF HERING'S GUIDING SYMPTOMS constitutes a complete index to that work, but is used with great satisfaction by many physicians in connection with other *Materia Medica*s.

PRICES OF HERING'S GUIDING SYMPTOMS—10 Volumes.

Bound in handsome Cloth, \$5.00; Sheep, \$6.00; Half-Russia, \$6.50, per volume.

PRICE OF REPERTORY,

Bound in Half-Russia, \$10.00; Sheep, \$10.00.

Liberal terms of payment are allowed when desired, including **IMMEDIATE DELIVERY OF THE BOOKS.**

F. A. DAVIS CO., Medical Publishers,

1914-16 Cherry Street,

PHILADELPHIA, PA.

THE NEW YORK HOMEOPATHIC MEDICAL COLLEGE.

Forty-fourth Annual Session, October 6, 1903, to May 12, 1904.

IMPORTANT FEATURES.

A MILLION DOLLARS invested in College and Hospital Buildings and Laboratories upon the College grounds.

HOMEOPATHY taught in a thorough and practical manner by the most widely known author of the present day. All therapeutic methods given a reasonable amount of time and prominence by experts.

MOST RECENT METHODS of laboratory and bedside clinical research thoroughly drilled into the student by men of national repute.

BEDSIDE INSTRUCTION. Hospitals connected with the College, having over 1,300 beds, treat over 50,000 patients annually. Last session each senior student came in **personal contact** with 664 patients, attended a dozen or more confinements, and made about a hundred medical visits.

A HOSPITAL APPOINTMENT is practically assured to every graduate desiring one.

For announcement address

WM. HARVEY KING, M. D., LL. D., Dean. GEORGE W. ROBERTS, PH. B., M. D., Sec'y,
170 West 59th Street.

Established 1857.

Incorporated 1880.

The Pennoyer Sanitarium,

KENOSHA, WIS.

Between Chicago and Milwaukee.

N. A. PENNOYER, M. D., Manager.

The Finest and Best-Equipped Health Resort in the Northwest

Everything First-Class.

Open the Entire Year.

Medical treatment, Baths, Electricity, Massage, Etc., included in the price of room. Hot Water Heating. Insane or objectionable cases not received.

SEND FOR ILLUSTRATED PROSPECTUS.

The Medical Advance

... AND ...

Journal of Homeopathics.

VOL. XLI.

CHICAGO, NOVEMBER, 1903.

No. II.

Drug Diseases and Compulsory Medicine.*

STUART CLOSE, M. D., BROOKLYN, N. Y.

The relation between drug diseases and compulsory or State medicine, although intimate, is not apparent at first sight. The object of this paper is to bring certain facts and tendencies of the present day into such opposition as to show this relation and to emphasize the need on the part of both physician and layman of giving them due and candid consideration in order that the judicious may promptly and intelligently identify themselves with the movement which has for its object the conservation of health, social order and personal liberty.

The subject is of special interest to the layman, because he is most frequently the victim and the sufferer, and because its relation to compulsory medicine is such that, being in ignorance of it, he is in danger of being deprived unawares of many of his most cherished personal rights.

The subject of drug diseases has a particular and perennial interest for the homœopathician, because his whole professional life is devoted to the observation and study of the phenomena produced or cured in the human organism, by drugs. It comes before him at every point in his career, and he, more clearly than any other, realizes its importance. The homœopathic *Materia Medica*, from which he derives his knowledge of the remedies used for the cure of disease, is made up principally of collections of symptoms derived from healthy persons who have intentionally taken small doses of drugs and carefully observed and record-

*Transactions International Hahnemannian Association.

ed their effects under the direction of trained observers. These records are called provings.

Every proving is the clinical record of an artificial disease produced by some drug. Every case of sickness demands its corresponding drug, which is found by comparing the symptoms of a patient and the symptoms of drugs. For every disease arising from natural causes there has been found, or may be produced by some drug, a similar artificial disease, symptom corresponding with symptom, often to the minutest details. This similar corresponding drug, once found and administered in the proper dose, proves to be the curative. Upon this easily demonstrable fact is founded the homœopathic healing art. From this fact was deduced this healing principle. This is the scientific basis of Homœopathy.

Acceptance of the idea that disease may be *cured* by drugs is general, but the truth of the related idea that drugs also *cause* disease, although partially recognized, is by no means as clearly recognized as it should be.

Few seem to realize that a very large part of the disease met with in ordinary practice is the result of what may be called involuntary poisoning. Symptoms are constantly appearing in our clinical records which are the product of pernicious drugs, either self-administered or ignorantly prescribed by that class of physicians which is forever prescribing for the results of its own drugging without knowing it. There are many even in the homœopathic school who do not realize this fact, and who fail to see that the problem before them is as often one of antidoting a drug disease as of curing a true natural disease. And this has a very practical bearing on the case, for the first step in such cases is to seek out and stop the use of drugs rather than to blindly proceed to give more drugs. Nature unaided will often remove many of the symptoms in such cases if the dosing is stopped and a little time is given. The remainder becomes the basis of homœopathic prescribing under accepted homœopathic principles, and the case as a whole affords an opportunity for the discerning physician to impart some wholesome instruction in the rules of right living. Moreover, was it not Hering who said substantially that

"The last taken drug afforded me the best indication for the next prescription?" The experienced homœopathic physician, therefore, gives particular attention in the examination of cases to ascertaining what drugs have been previously used.

Never was there a time when instruction as to the dangers of drug abuse was more needed than now, if one may judge from the indications appearing on the billboards, barn sides and dead walls. Full-page advertisements in Sunday newspapers, illuminated by alleged portraits of retired, but not retiring army officers and superannuated parsons, stare us out of countenance. "Retired to the Peruna column" may well be recorded of many an erstwhile notable in these degenerate days. Apparently it is the era of faith in drugs. There are drug stores on every corner and some in the middle of the block. Every rock, every tree, every fence proclaims modern man's belief in drugs. He sees "sermons in stones, books in the running brooks and good in everything," and the text is—Peruna!

The modern advertiser of nostrums is not necessarily superstitious, but he believes in signs. He is not a Hahnemannian, however, for he does not believe in the single dose. He believes in the frequent repetition of his doses. He devises a brief, telling message and he repeats it continually. He hammers it into you. He keeps it before you until its words are indelibly photographed upon your mental retina. There is no escaping his insistence, and it takes a strong mind not to be influenced. By positive and constant affirmation, or by indirect and subtle suggestion, he seeks to hypnotize his victims, and he largely succeeds; for, though this is said to be the age of scepticism, the average man is credulous, particularly when he comes to the subject of medicine.

This credulity is not the sole possession of the laity. It is amazing how blind the average physician, and especially the average allopathic physician, is to the pathogenic effects of drugs prescribed in the ordinary routine treatment of the sick, for, in spite of a popular delusion to the contrary, a drug loses none of its sick-making power by being prescribed by a man who writes "M. D." after his name. His faith in drugs is almost as touching as that of his lay victim, although it is the lay victim who is most deeply "touch-

ed." Today, as in the dark ages, the allopathic physician gives his drug or his mixture of drugs in the simple belief that it, or each of them, will at his behest go their several ways through the devious channels of the body and perform the exact tasks he has assigned to them. Unlike the chemist and the pork packer, he makes scant use of the "by-products." If the patient recovers, all is well, and he is confirmed in his faith. If the patient gets worse and new symptoms arise, all is still well, medically speaking. It is merely a "complication" for which he has a ready name and a convenient pathological classification. If the patient dies there is no lack of causes assignable on a pathological basis, and the requirements of the Health Department are easily met in filling the blanks in the death certificate. Thus "science" is vindicated and the doctor felicitates himself on his pathological acumen. His faith in drugs is not shaken.

Rarely does it occur to the prescriber that the "complication" is but the symptomatic reflection of the drug or drugs he has previously given. I say, rarely, for sometimes he does seem to have faint glimpses of such a truth, as when tetanus, trismus or acute Bright's disease speedily follow vaccination, or when hæmorrhage in lungs, kidneys or retina quickly supervenes upon the administration of massive doses of quinine; or when he happens to recognize one of the "puzzling eruptions" said to be caused by one or more of the twenty-nine drugs named by our eminent Brooklyn townsman, Glentworth Butler, in his very able work, "The Diagnostics of Internal Medicine." But such flashes of insight are rare and count for but little in stemming the tide of drugs which is engulfing so many victims. Though he may be as keen on the scent of the last new bacillus as Buster on the trail of Bunny Cottontail, his nose is singularly dull when it comes to trailing the most common of all causes of disease—the preceding drug.

In the allopathic school the old ideas on pharmacology still obtain in spite of vaunted progress. A drug, or combination of drugs, when administered to a patient is supposed to have no other effects than those assigned theoretically to the class to which it belongs. The "other effects," which are sure to arise, are at-

tributed to the natural progress of the disease or to some theoretical "complication."

When we come to examine these allopathic drug classifications from the standpoint of that knowledge of drugs which is derived from actual observation of their effects upon the healthy, as recorded in homœopathic provings, we find them to be of the crudest character, based upon the most superficial knowledge of drug action. The gross toxic effects of the drug, as observed accidentally in men or animals, or as guessed, are set over against almost equally crude generalizations of diseases, usually on the antipathic principle, where any principle at all is discoverable.

Although the allopathic school of medicine of the present day repudiates any law or principles, it is plain that the rule of contraries still dominates it. One has only to take down any standard allopathic work on *Materia Medica* to find its drugs arranged in some twenty-five or thirty classes, the names of which either begin with "anti" or imply the same thing, as pointed out recently by Dr. Conrad Wesselhoeft, of Boston. Thus we find anti-toxins, anti-spasmodics, anti-periodics, anti-pyretics, ant-acids, anti-septics, anthelmintics, alteratives, tonics, counter-irritants, etc. Manifestly the appellation "Allopathy" holds good today, as it did a hundred years ago, when Hahnemann applied it.

As long as drugs retain their power to make well people sick, and as long as doctors continue to make such generalizations as these, so long must both be recognized and dealt with as causative factors in the problem of human ills. And so, as our allopathic neighbors and our homœopathic brethren with allopathic proclivities remain in a large majority, there will continue to be plenty of work for the true followers of Hahnemann to do in dealing with the results of their medical obtuseness for some time to come. True it is that if the use of crude drugs could be entirely done away with, the sum of human ills would be greatly reduced; or, as wise and witty Dr. Oliver Wendell Holmes once said: "If all the drugs in the world could be dumped into the sea, it would be better for mankind and the worse for the fishes." In either case probably two-thirds of the existing ornaments of the

medical profession would shine in other spheres with at least equal radiance.

Viewed only in its relation to the health of individuals, the case is bad enough. But when we discover and begin to realize that forces are constantly at work to fasten the drug habit not only upon the individual, but upon the community; not only upon the willing, but upon the unwilling; to make the use of drugs compulsory and the compulsion to issue from the State, the matter is one that may well demand our attention, not only as physicians, but also as liberty loving citizens of a supposedly free country.

This leads us to remark that State medicine is a goal toward which more progress has been made than most of us realize, and that State medicine means compulsory medicine. The gradual and insidious extension of the sphere of official or State medicine is one of the signs of the times. Little by little it is encroaching upon the domain of private practice. Little by little compulsory medicine, under the guise of "public health" regulations, "State care" of various classes of the community, "preventive medicine," etc., is assuming control in matters that heretofore have been left, and of right should be left, to the private physician and the personal choice of the layman.

State medicine is a rapidly growing institution, intrenched in law and fortified by custom and cupidity. It already entirely controls the army, the navy, the public schools, the insane and pauper classes, and largely controls the acute infectious and contagious diseases, the epileptics and the consumptives. It has long been devising means whereby to take entire control and personal possession of the consumptive class, and is gradually perfecting schemes which will give it not only a most profitable and lasting hold upon a large class in the community, but upon the nation itself, for there are few families in which the dread disease is not represented in some of its forms.

By means of the recently devised "Serum Therapy," with its numerous "anti-toxins," both for therapeutic and prophylactic use, it is rapidly extending its power and influence in other directions. Partly by means of a system of compulsory reports and registration, and partly by ostentatiously offered "assistance" to

physicians in diagnosis and treatment, it seeks control, and in some cases takes entire control of small-pox, measles, scarlet fever, malarial fever, pneumonia, diphtheria, hydrophobia, tuberculosis, tetanus, trachoma and various forms of eye and skin diseases, cholera, yellow fever, chicken-pox, membranous croup, typhoid, spotted and relapsing fever and epilepsy. (It is to be regretted that it does not include gonorrhoea and syphilis. It seems as if one could bear that infliction with better grace on realizing, in a measure at least, the penalty fitted the crime.)

In all these diseases for which some form of anti-toxin has been invented the tendency is to make its administration compulsory, for purposes of "immunization" as well as of treatment. Were it not for the constant resistance to compulsory vaccination we should probably have had compulsory immunization for all these diseases ere this. There is just enough resistance to compulsory vaccination in the case of small-pox to compel them to make haste slowly in compelling immunization in the other diseases. The spirit of free thought and personal liberty is not entirely dead yet, though one might think so from the way in which private and personal rights are trampled upon by the health officials at times. But the tendency towards compulsory medicine is here, and it is increasing rapidly.

Many unthinking physicians, by their facile acceptance of the "germ theory" and its correlated "serum therapy," are unconscious instruments in the hands of the far-seeing schemers who are establishing a medical oligarchy. Little by little they are drawn into the toils until they become themselves parts of the machine and are at the mercy of its designers and operators.

With the legitimate application of the police power of the State for the protection of the public health by wise and humane sanitary measures; with its sanitary regulation and control of epidemics and of contagious diseases, and with its care and control of the criminal, insane and pauper classes we have no controversy. But when the power is prostituted to base, selfish and unworthy ends; when its minions invade the domain of private medical opinion and practice and attempt to coerce the public into acceptance of obnoxious and pernicious medical theories; when it forces up-

the prognosis is not doubtful and the outcome—compulsory medicine—not very distant. Compulsory vaccination, in which so many homœopaths seem to hopelessly acquiesce, is rapidly gaining ground, if it be not practically here, in the almost unanimous action of the school boards. Once granted it becomes the entering wedge of compulsory medicine. If there be any justice or reason in compulsory vaccination there certainly is far more in compulsory anti-toxin as a treatment for diphtheria, if we may judge from the comparative improvement in their mortality before and since its introduction. And what will be said if a school board in its medical wisdom should decree that no child can attend school unless rendered immune by anti-toxin? And why not compulsory anti-toxin, if compulsory vaccination?"

Dr. Allen is also right, and his words are timely. But while the air appears dark, and the mists of ignorance and evil seem about to envelop us, the sun of truth is still shining. It is only a passing cloud that obscures our vision. Already the serum therapy fad is beginning to wane. It finds many critics in its own camp, and not a few who have renounced it and who denounce it. To the Hahnemannian it is both amusing and instructive to watch the perpetual rise and fall of allopathic medical theories. It serves also to strengthen his faith in Homœopathy, and he turns with ever renewed interest to the study of its principles, certain that in their acceptance and application he has the most potent means not only for the cure of the sick, but for the enlightenment of the mind and the staying of evil in the world.

The three cardinal principles of Homœopathy are:

1. The proving of medicines upon the healthy.
2. The administration of the single similar medicine in the minimum dose.
3. Individualization of the case in both proving and practice.

Of these three principles the third is the broadest and most fundamental, because upon conformity to it depends the successful application of the other two principles. Not the class, but the individual, is always the basis of homœopathic operations. We do not prescribe for a disease, but for a sick individual. Our prescription is not based upon a hypothetical diagnosis, but upon the

totality of the symptoms of the particular case before us, irrespective of its pathological classification. Of twenty cases of acute articular rheumatism, all may be cured, and no two receive the same remedy, simply because under our method of examination it is found that no two of the cases present the same aches and pains, the same grouping of symptoms. It is true that all the cases may present the symptoms common to all cases of rheumatism; that is to say, all may have pain, fever and swollen joints; but when these common symptoms are recognized in their diagnostic relation and set aside, and we proceed to the further examination of the patient, we find that his remaining symptoms group themselves in an entirely personal manner. His case presents features quite as peculiar to him as are the markings on the ball of his thumb, which latter fact the Chinese discovered to be an absolutely identifying feature some thousands of years ago, although the detective departments of the present up-to-date age are just beginning to utilize it. Manifestly, therefore, a truly effective method of healing the sick must be one which will enable us always to select the remedy required for the peculiar symptoms of the sick individual. The substitution of the photograph of Smith for Brown will not suffice, the "yellow journal's" practice to the contrary notwithstanding. The canons of classic Homœopathy require absolute symptomatic identification of case and remedy, and to this end individualization is absolutely necessary. Any departure from this principle is subversive of homœopathic truth and order, and leads inevitably to failure. From such departures, in and out of the homœopathic school, have arisen nearly every medical abuse, from polypharmacy and palliation to the noxious and disgusting serum therapy of the present day.

That medical and moral myopia, that loss of the sense of relation between cause and effect, that obtuseness of the powers of observation and perception already referred to, are traceable directly to the failure to apprehend and rightly apply this cardinal principle of individualization.

One sees usually only what he wishes or expects or is trained to see. John Burroughs was visiting a lady who resided in the suburbs of one of our cities once, when she complained to him that

there were no longer any birds to be seen in her neighborhood. Kindly, keen-eyed old John said nothing, but shortly after went out for an hour's walk. On returning he gave to the lady a list of eighteen different varieties of birds he had seen and recognized during his walk. So our old school brethren see in their practice only what they expect to see as the result of their drugging. They are b'ind to all else. How otherwise could they live and fail to see the terrible consequences of the use of massive doses of such crude products of disease as anti-toxin, tuberculin, vaccine, anti-rabic serum, to say nothing of the commonly used drugs of the pharmacopœia. The inoculation or the hypodermic or intravenous injection of such substances, is nothing more nor less than the willful propagation of disease, and is unworthy the honored name of medicine. The advocates and practitioners of such methods are unmoved by the constantly occurring failures to cure or prevent disease, and blind to the consequences to the individual and the race. And yet it is just these methods and just these practices that they seek to make compulsory upon us.

No artifice is too dishonorable to mislead and blind the public to the consequences of their pernicious practice. After-following disease and death are attributed to hypothetical conditions and the true cause obscured by a false diagnosis. Statistics are juggled and falsified so that the lay public and the unthinking in the profession are misled. Take diphtheria, for example, where coincidently with the introduction of the anti-toxin treatment the mode of diagnosis was changed from the symptomatic to the microscopical basis. All cases presenting the Klebs-Loeffler bacillus were thenceforward diagnosed as diphtheria. Inasmuch as the Klebs-Loeffler bacillus is often found in the throats of persons who have no symptoms of disease at all, or at most only a mild inflammation of the throat, it may be judged how much reliance is to be placed on such statistics. As a result a large number of cases of mild inflammation of the throat, which have a natural tendency to get well spontaneously, were dragged in to lower the general rate of mortality, and antitoxin was given the credit for the change.

It is related of a physician in Brooklyn, that being in attend-

ance upon a case which he was in a hurry to dismiss as cured, and knowing the perspicacity of the experts of the bureau of contagious diseases, he sent a "culture" from his own throat to the laboratory, feeling certain that he would thus outwit them. He promptly received a report that numerous characteristic bacilli had been found, and that it was undoubtedly a case of true diphtheria, requiring the usual period of quarantine. This, when both he and his patient were perfectly well. The fundamental error here, as in all similar cases, is the failure to individualize. Generalizations from scanty or insufficient data are common enough and pernicious enough in all sooth, but here we have a generalization from a single fact! Cases which present a single feature in common (the bacillus) are thrown into one class, and the class instead of the individual made the basis of treatment! Could anything be more absurd and illogical? It is in reality the ceaseless repetition of the old, old story—the search for "specifics"—ever sought and never found, for the simple reason that they do not exist. To the philosophic mind the idea of a specific for a disease is untenable, because the symptoms of disease are ever changing and always vary with the individual. There are specifics for sick individuals, but none for diseases. The idea of specifics for diseases seems so plausible, however, and the end sought is so desirable, that the quest goes endlessly on. Hardly a month passes that the discovery of some new bacillus or some new "anti" serum is not announced to a waiting world.

The crowning beauty of this serum therapy system in the eyes of its advocates is its simplicity and ease of administration. It wonderfully simplifies the matter of treatment for all the parties concerned (except the patient) from the microscopist of the Health Department who makes the official diagnosis to the embalmer who prepares the body of the victim for his last resting place. All proceeds along strictly scientific (?) lines, with the ubiquitous microbe ever in view. Even the undertaker, not to be outdone by the scientific doctor, "embalms" the dead body with an antiseptic fluid designed especially to thwart the festive post-mortem bacillus and retard the natural and salutary process of decomposition. I am reminded by this of a witticism at my expense by a waggish

friend of mine. I had occasion some years ago to make several visits to a patient who lived in the suburb of Brooklyn, known as Evergreen. To reach it by the shortest route I had to drive through Evergreen cemetery. Returning one day, my friend met me just as I was coming out of the cemetery. He asked me where I had been. On my replying that I had been to visit a patient, who lived on the other side of the cemetery, he remarked that it was the first time he had ever heard of a doctor who pursued his patient *beyond the grave!*

So facile is the method under discussion that the veriest tyro is made the equal of the greatest master of the traditional therapeutic art in the treatment of these scourges of humanity. It is as simple as taking a patent medicine. You have only to follow the directions on the label and results are guaranteed. Obey the printed instructions of the Health Department and all will be well. You press the button and they do the rest.

Take for example a case of diphtheria—in the regulation and control of which the “powers that be” have gone the farthest, up to the present time, of any disease, except (possibly) small-pox. The whole procedure, from the taking of the culture in the little test tube (prepared and furnished by the Health Department) to the issue of burial permit, is in the hands of the health authorities. The Health Department makes and directs the diagnosis, the treatment, the quarantine, the disinfection, the immunization of the household, the time of resumption of ordinary relations with the world if the patient recovers, or the time and manner of conducting the funeral in the event of death, and the disposal, disinfection or destruction of the personal belongings of the patient in use during his illness.

All this looks well from one point of view, and is very seductive to the type of mind which is fond of brass buttons. It lays down a clearly defined course of action. It has a very impressive appearance of authority behind it. It almost entirely relieves the individual physician from responsibility, and thereby ministers greatly to his peace of mind. But on the other hand, it makes of the attending physician a mere automaton, an irresponsible routinist. It puts the life, the health, the property of the patient into the

power of an impersonal, heartless and irresponsible medical machine. It leads to the violation of the most cherished rights of person and property. It establishes a false basis of action, promulgates a lie for the truth, stultifies the intellect and debauches the morals. Above all, it fails in the very first requisite of a true art of healing—it does not cure. Not only does it not cure the patient, but by the use of its septic products of disease for so-called immunization, it frequently ruins or irreparably damages the health of members of his family who are not sick, who become the victim of life-long chronic disease and are left without recourse.

Countless are the sufferers from the various forms of artificial or drug disease. No wonder that we behold on all sides the stirrings of rebellion and see the alignment of new forces springing up in opposition to the tyranny of the medical octopus. Such forces are here, working actively and effectively, though so quietly that many fail to recognize them. It could not be otherwise, for at this point we come under the operation of the great natural law of compensation. "Action and reaction are equal and opposite." If the pendulum swings to the right, at a certain point in space it will turn and swing as far in the opposite direction. Day follows night. Right vanquishes and follows wrong in the long run. Always existent is the conservation of energy and the equilibrium of opposing forces throughout the universe. The case we are considering is no exception to the universal rule.

Recognizing such a tendency as has been pointed out, and looking out broadly into the world, we should expect therefore to find a counter tendency and an opposing force, and it is so. No great evil can exist in the world without meeting the equal opposing forces of truth and righteousness. It may seem sometimes that nothing is being done and that error is triumphing, but it is not so. Often when we do not realize it the most effective work is being done by silent forces, operating along the line of least resistance.

That "line of least resistance" is often overlooked by our strenuous friends, who think that violent diseases require violent remedies. They are for going forth to do pitched battle with the sound

of trumpets and drums. Not so does the Almighty work. His way is the homœopathic way—along the line of least resistance. That is the way of similia. The line of least resistance to the man who compels you to go one mile is to go *two* with him. In the second mile you will compel him. That is what the homœopathic remedy does for the sick organism. It goes along the line of least resistance—along the same channels and in the same direction that the disease is going, awakening and stimulating the suffering organism here, soothing it there, reinforcing it all along the line, directing and aiding it toward the goal of health, which is the goal nature is always seeking, for all pains and all sufferings are but manifestations of the struggle of the organism toward health. "Pain is friendly." Suffering is salutary, when rightly apprehended. Every Hahnemannian knows what this means. Pain is the language of disease and points the way to the remedy for him who can interpret it aright. So perhaps the most effective opposition we can offer to the advance of drug disease and compulsory medicine, in both individual and community, is to follow the line of least resistance—to go on faithfully and conscientiously healing the sick and preaching the gospel of Homœopathy to our friends and patients, in season and out of season. Thus we come into harmonious union with "the power not of ourselves, which makes for righteousness," which is working now as always, by many and diverse agencies to accomplish its ends. Thus some of us are working.

With these principles in mind let us look abroad over the field for other manifestations of the operation of the law of compensation. We shall not find ourselves alone. Who and what are our allies? Paradoxical as it may seem after what has been said, we find that the most significant, most far-reaching and most important counter-movement in the medical world of the present time is the movement to abolish the use of drugs altogether in the treatment of disease. Humanity is struggling to emancipate itself from bondage to drugs, and to attain a higher plane of life and thought, and, as is common, has gone from one extreme to the other. Psychology and psychurgy are the popular studies of the day. Now, as never before, are nature's finer forces being

studied. Men are questioning the infinite and unseen. Many are calling men to return to a more natural, a more spiritual and more simple mode of life—to eschew drugs, stimulants and narcotics, rich and highly seasoned foods, and to live hygienically.

First, then, we have the hygienists and exponents of physical culture. Think only of young MacFadden, beginning some four or five years ago with a puny little sheet, now developed into two large, handsomely illustrated magazines, one for men and one for women, with a combined monthly circulation running into the hundreds of thousands. He is a most daring and vigorous opponent of drug treatment and drug doctors, and he has come to be a power to be reckoned with. His is the type of a large and increasing class of magazines, copies of which are to be found on every news-stand. Of the other "physical culturists" think of Swoboda, Emerson, Sandow, Barker, Titus, Von Boeckmann. Even Fitzsimmons and Corbett, the pugilists, have schools of physical training, and are doing something towards promoting a healthier life. A number of able and reputable women are also prominent as teachers and demonstrators of physical culture. All of these, with more or less emphasis, insist on abstinence from all forms of drugs. All universities, all colleges and most schools have their departments of physical culture, and inculcate the principles of hygiene.

Then we have the systems of "nature cure," exponents of vegetarianism, raw food and diet cures; the Father Kneipp system, popular in Europe; the different bath and hydropathic systems; the various forms of light cure, solarism and the X-ray treatment; the numerous forms of electrical and magnetic treatment, by static machines and induction coils; Swedish movement and massage; sanitary clothing systems (Dr. Jaeger and Dr. Diemel); osteopathy, that recently born but vigorously growing infant; the shingles of whose practitioners stare us in the face on many desirable corners. All these have their hundreds and thousands of followers, and all these either do not use drugs or discourage their use.

Last, and by no means least—rather, most important of all these opposing forces—we have the various systems of what may

be called in general "metaphysical healing." First in numbers, power and influence comes Christian Science, with over a million adherents. Their tenets are too well known to require more than a mere reference to the fact that they absolutely prohibit the use of drugs. The spread of their doctrine is rapid, constant and phenomenal, and has compelled world-wide attention.

The systems of faith healing are to be considered. Starting with the movement inaugurated in a small way by the Rev. Mr. Simpson in New York City some twenty years ago that movement also has extended into nearly all parts of the world. It has grown into the proportions of a great religious denomination, with many branches and off-shoots. The particular section of this movement attracting wondering attention at present is that in Chicago, headed by Rev. Alexander Dowie. That remarkable man combines great business sagacity with deep religious fervor. He is a great leader and organizer, and is the founder of the City of Zion, in the suburbs of Chicago, composed solely of his followers. The city has in about three years attained a population of nearly ten thousand inhabitants. It is organized on rigid religious lines, but is of a most substantial character financially and politically. Nothing like this remarkable enterprise has been known in history. It is growing rapidly in wealth, power and influence, and its ultimate limits cannot be foreseen.

Numerous also, and powerful, are other forms of mental or metaphysical healing, including those officially known as mental healing, psychic healing, phrenopathy, spiritual healing and Roman Catholic Shrine and relic healing.

Healing by hypnotic suggestion, succeeding the older mesmerism, has also many exponents and followers, and is coming to be a mighty power in the world, with a literature, schools and colleges.

All these systems have this in common, that they stand for the abolition of drugs in the treatment of the sick, either wholly or in part, and that they stand for freedom of medical and religious action and opinion and for personal liberty.

Between these systems and old school medicine, with its poisonous drugs and more pernicious serums and morbid products, used

externally and by inoculation, there is "war to the knife, and the knife to the hilt." Though not in any organic or formal relation to each other, or to Homœopathy, they yet work with Homœopathy in this particular direction. Homœopathy was the pioneer in this work of breaking the tyranny of medicine, and she revealed the true basis of medical action in her demonstration of the exact effects of drugs on the human system. She remains the most potent factor in the case, and will continue so to be.

These, briefly, are some of the forces at work maintaining equilibrium in the medical world. If the balance swings too far in the direction of drug abuse it is immediately counteracted by the swing in the opposite direction of metaphysical or drugless healing. Homœopathy stands at the center—the "candle-stick" in this game of see-saw—ever maintaining her own equilibrium, while influencing and measurably controlling both partners in the game. Occupying the strategic point of control, she is always ready to follow the line of least resistance, and will ever continue to do so.

"Die milde Macht ist grosse."

Similia Similibus Curantur.

Simplex, Simile, Minimum.

DISCUSSION.

Dr. G. P. Waring.—I wish that the discussion on this paper, which I have found wonderfully interesting and useful, might take the direction of the best practical work that we, as homœopaths, can organize and do to accomplish in the line there recommended. We should take up this warfare; let us consider the best practical means of overcoming the tyranny of health boards.

Dr. T. Franklyn Smith.—I have listened with the greatest interest and attention to this paper, and, as Dr. Waring has said, the best thing to do is to consider ways and means of accomplishing results. The first thing to do in order to make a good fight is to stand together, to stand shoulder to shoulder and pull together; there are too many of us who are opposing each other.

To accomplish anything in fighting this evil we have got to

drop our petty animosities; I do not think that we are entirely free from censure in this direction; we forget what a homœopathic physician is and what homœopathic practice is. I have been censured because I will not submit to the dictation that such and such a high attenuation should be used. I contend that the question of potency has nothing whatever to do with homœopathic practice. If we only obey the law, whether we use the mother tincture or the highest potency, we are homœopaths.

Dr. E. Rushmore.—One evil that has been put before us in this paper is compulsory vaccination. The question has been carried to the Supreme Court in the State of Massachusetts, and that court has decided in favor of compulsory vaccination. The anti-vaccination society has appealed to the Supreme Court of the United States. A very practical way of aiding the fight is to aid that society by subscription of money to defray the necessary expense.

Dr. A. E. Austin.—It seems to me that if we are going to succeed in accomplishing anything as a school of medicine we have to do as they did in the army, send men out before the battle to spy on the enemy and discover the disposition of their forces; they could then make a better plan for the fight. I have associated a great deal with men of all schools of medicine, and it is my opinion that our worst enemies are to be found in our own ranks.

In the first place, when you send a man to college, or when you recommend a college, be particular that it is a college that teaches straight Homœopathy. Do all you can to instruct the people in the merits of straight Homœopathy; the people must know what Homœopathy is before they can appreciate it. I was one of the young men that injected the horse for the purpose of preparing anti-toxine when that idea was first brought over from France; I am sure that many of the horses used for that purpose were diseased and yet that preparation was disseminated all over the country.

We must make a strong effort and all work together to the end of being recognized in the army and navy and in the public institutions of this country. We allow the old school to call them-

selves regulars and to adopt an air of superiority over us because of their laboratories and means of diagnosis. I have been all through that, and I assure you that this means of diagnosis is to a great extent fallacious. The Klebs-Loeffler bacillus is very hard to recognize, and when recognized does not present conclusive evidence by any means. I spent two years in looking for them and became expert at it. We want all these things in our colleges and the best that we can get; but we must recognize them at their true value, and Homœopathy should dominate everything.

At our college in New York we had hardly a man to represent Homœopathy until Dr. Nash arrived last winter; he turned the whole tide of affairs, and we have never had such a course in the history of the college. Those are the kind of talks that we want to bring out in the American Institute; it would do a world of good there; we want to let everybody know that we are in earnest and are sure of the things that we preach and practice.

Dr. P. E. Krichbaum.—The paper of Dr. Close was one of the finest that I ever heard. As far as the progress of our own school goes I believe that the worst enemy that we have is the mongrel homœopath, and I suppose that, do what we may, he will always be with us as long as people do not know the true from the false.

There is a good deal of doubt about those anti-toxin cures that are reported for the reason that they are made on a bacteriological diagnosis, which does not, at least in the case of diphtheria, amount to much. If you will allow me to make the diagnosis and use the anti-toxin only in cases that I know to be diphtheria I will give fifty dollars for every case that it cures. It may cure every case of tonsillitis, that would get well without any treatment, but it will not cure genuine diphtheria, and the Klebs-Loeffler bacillus does not have anything to do with the gravity of the case and not much with the diagnosis.

I wish that there was time enough to tell you of a meeting of the homœopathic society that I attended at Newark; they extolled the old school for giving the world anti-toxin and for the use of quinine and serum remedies in general. According to what I

heard there, there is only one thing to do to cure, i. e., get the appropriate serum and give it.

Dr. C. E. Alliaume.—That paper is from my standpoint the best criticism that I have heard against the modern tendency of paternalism. The best thing that we can do is to have that paper published and spread broadcast over the country. It would do a great deal of good.

President.—It has been said here that we should begin with the physicians and the colleges, and that is true, but we can do much good by enlightening the people so that they will not countenance any moves in the direction of compulsory medicine and will be prepared to express their views at the ballot box.

I believe that if a large number of copies of that paper was struck off and bought by homœopathic physicians for their patrons for free distribution, to leave in their waiting rooms on the table, it would do a world of good. Such a paper would carry conviction to the minds of the people that read it in such a way that they would forever be opposed to compulsory medicine. If our secretary will have a number of extra copies printed I will subscribe for a hundred copies.

Dr. G. P. Waring.—One thing that should be attended to is that we must have a legal decision upon the individual rights of our patients to determine what shall be done about their health. If such a question is carried up to the higher courts it would be a defense and a definite thing to go on.

The officers and the boards of health would have to be obedient to a decision of the Supreme Court. That being the court of last resort would be final and a foundation for future work.

Another point is in regard to those cults that oppose the administration of medicine; they are on our side and we can use them to a certain extent, but for the present we must overlook some of their fanatical and mistaken ideas. We should explain to them how near we are together in regard to our aims in this respect and that we are in the fight with them and for the same purposes.

It is perfectly natural that those who have become disgusted with much drug taking should affiliate themselves with those who

use the least possible dose that will bring about a cure. A third point is in regard to the circulation of this essay as a tract; it must be done.

Dr. Stuart Close.—I thank you for the honor that you have done me and my paper in this discussion. You have endorsed the ideas set forth in it, and I think that it would be a good thing to enter upon a campaign of education. The great world movements toward reform are going on whether we do our part or not, but it is our duty to do what we can to aid the onward movement. I am in favor of using every legitimate means of resisting the tyranny of compulsory medicine. Our personal influence, the influence of our friends and patrons, and the stand taken by this society as a whole, should exert a powerful force in the direction of personal freedom.

Miasm vs. Disease.

S. L. GUILD-LEGGETT, M. D., H. M., SYRACUSE, N. Y.

There seems to be among members of the homœopathic profession a difference of opinion as to what is, and what is not, curable by the administration of the similar remedies.

This is particularly marked in discussions of conditions in which there seems to be a confused nomenclature, i. e., miasm and miasmatic effects, which should be called disease; which is a diseased condition.

Now all homœopathic physicians versed in the purest application of similia know that disease, or miasmatic effect, can be eradicated, i. e., that such forms of disturbance, taken in time, can be cured without fear of recurrence. But when we come to talk of the eradication of a chronic miasm, especially psora, my experience teaches me that it is *never* done, nor do I believe it could be done except when first acquired, and except life could be extended some centuries. Eradication of tendencies is often mentioned. This is only true of special tendencies, not of a tendency of the miasm, to arise again, in some new form, deeper or less violent,

according to the care of the patient, and the direct homœopathicity of the treatment. The cure, homœopathically, of pulmonary consumption, where there was a large vomica in the left lung in a patient of eighteen, was followed by frail womanhood and final death of progressive spinal atrophy at seventy-one. The likeness between the two consuming diseases was remarkable, and the latter condition but lacked the fever and heavy sweats in its resemblance to consumption.

Hahnemann in the preface to his *Materia Medica Pura*, 1833, translated by Dr. Adolph Lippe, says: "In order that we may change disease into health, it must be laid open to our senses what is discernibly—clearly discernibly—removable from every disease, and clearly must each medicine express what it can cure with certainty before it may be applied to the cure of diseases."

He says, page 141, *same*, that "even when the disease has assumed a fearful character a cure is possible in the course of time, if patients are not too far advanced in age, are docile, and are not too much exhausted." He might have added, if too great destruction of the vital organs had not taken place. Page 142, of the same, says: "The psoric miasm may be removed from the system and all secondary chronic affections be effectually prevented."

Reference to the preceding paragraphs explains that he is writing of the primary infection of psora, which the homœopathic remedy can remove "without the chronic after-effects."

The subsequent paragraphs show the same thing, when he states that "the psoric miasm (acute infection) rarely attacks patients with inevitable psoric disease, such as suppuration of the lungs, paralysis of one or more parts of the body, etc., etc."

A further reason for the non-eradication of the chronic psoric miasm lies in the mismanagement of its resultant disease before it reaches homœopathic treatment. Hahnemann calls these cases incurable because of the tissue effects, to say nothing of the exhaustion produced by repeated doses of crude drugs. He says that these effects "never disappear." Of course, this varies with the dynamic quality of the drug employed. He recognizes fully, it would seem more fully than the profession of today with all its boasted advantage of development of the dynamic power of the

similar through potentiation, the effect of drugs upon the animal organism.

In the multiplicity of proofs determining the existence of the psoric miasm, educed by Hahnemann from the archives of old medicine, and in the resultant manifestations due to suppression of the acute infection, we find that *resolution* was always preceded by a spontaneous return of the symptoms of the *initial* lesion.

How many recoveries from determinate, chronic, psoric disease treated today are followed by a return of the initial lesion; indeed, of any chronic miasmatic disease. The reason then for the impossibility of eradicating the miasm, as well as the disease, lies in the fact that the initial lesion may have occurred in a remote ancestor, or may have been locked within the organism by improper and frequent medication, administered either locally or constitutionally.

The cure of phthisis progresses from within outward. Raue says, when any of the long list of discomforts mentioned arise "after the *well* selected remedy in a case of pulmonary consumption, it must be allowed to act without disturbance or repetition. Otherwise a sudden suppression of them would quickly bring back the troubles in the chest."

In chronic sycotic disease the same order is true. An early, aye, even after many years, application of the true similar, forces the organism to return to health through symptoms similar to the first lesion. How many cases of the multitude treated are so restored, or ever can be.

The opinion that the restoration of the initial lesion eradicates the miasm, as it undoubtedly does the disease, seems to be based upon a firm foundation, but will take generations to practically prove.

The modern tendency to believe that a few doses of Psorinum, Tuberculinum, Medorrhinum or Syphilinum will eradicate these chronic miasms is ill founded. These remedies, like any other, cure by their similarity only. That they go deep into the life force we know because of their nature, as well as the practical tests to which they have been subjected. To say that sporadic la grippe is tubercular, and the tendency to repeated attacks will

be eradicated by a few doses of Tuberculinum, is true of individual cases, but it is also true that a few doses of Sulphur, or Psorinum, or any another anti-psoric, *if indicated*, will do the same thing for the tendency to recurrent la grippe.

When psora so perverts the action of the vital force as first to change the function and then the organic construction, what is to be done except to administer the similar? Hahnemann proved there was nothing else, and that the similar would restore the miasm *to its latency*, when it was unable to restore the organism to its full power, in curable cases. He particularly and frequently warned his followers to acquaint themselves with that which was *possible* in the cure of disease and in remedial effect.

We now hear from the enthusiastic, that there is a tubercular miasm. This differs from my understanding of miasm, as represented by Hahnemann, for miasm is a hydra-headed monster. In his quotation of cases, from the archives of old medicine, he gives more than thirty different diseases, plainly resulting from suppression of the initial lesion, to prove the existence of psora.

Observations of the mal-treatment of both syphilis and sycosis, point in the same direction. Cases of tuberculosis in known sycotics and syphilitics, as well as psorics, seem to argue that the "great white plague" is but one of the *final* effects of the suppression of either of these miasms.

An argument against there being a special tubercular miasm is that we have no records of its suppression, nor of suppression changing its form of expression. This it seems to me is because tuberculosis, or its diathesis, is already an ultimate, a final, an affection of the deeper functions of the deeper organs. A leucorrhœa, suppressed, may cause phthisis; has tuberculosis been suppressed and appeared as any other disease? A local treatment of a tuberculous knee might shift the expression to the lungs or spinal cord, but it would still be tuberculosis, not cancer, or any other destructive disease.

Gonorrhœa, chancre or psoric skin diseases are local, external affections, which, suppressed, go deeper and attack the organs of life. True there are tendencies to tuberculosis, many are born with what is called a tubercular diathesis, but does this mean

other than that such are born with a final or terminal of one of the miasms, already near to its destructive activity, and so a difficult and sometimes impossible condition to place on a healthful basis. Some one lately said it was impossible to trace, in many instances, the connection between tuberculosis and psoric skin symptoms.

Is it not because these cases were born too late in the history of that miasm? Hahnemann does not so argue. In that oft-quoted record, taken from the archives of old medicine, we find that the first twenty-nine cases of suppressed skin symptoms caused chest affections, eleven of which were fatal. Of these the twenty-fourth, fifth, sixth and seventh, Hahnemann has named "hæmoptysis and consumption."

It has occurred to me to wonder if it was possible for the vital force to become chronically and organically perverted through influences other than miasmatic. Given a perfectly healthy, delicately organized physique, with normal sensorium in every respect, could it be so played upon by a great and overwhelming grief, a living, ever-present grief, or, indeed, by any influence, so as to sufficiently deharmonize the perfect whole as to produce a chronic organic disease, other than miasmatic. We know that it would change the man, that the struggle of vital force to counterbalance the depression caused by so baneful an influence, would develop in him other characteristics and present new opportunities, but would it, or could it, cause organic disease?

Of course, where find the perfect whole; but is it necessary to place all incurable chronic disease in the miasmatic category?

Why So Much Liberal Homœopathy?

C. E. ALLIAUME, M. D., UTICA, N. Y.

It has long been a problem to me why homœopaths do not practice better Homœopathy, when experience proves to all who try, that the nearer they approach the true way, the greater becomes their success.

In trying to solve this problem I have searched my own methods in my daily professional life, and have found many things

which are a constant menace to the purity of my practice. Every morning I find on my office desk several personal letters from different firms, vividly portraying the virtues of some drug combination, accompanied with numerous testimonials from the leading practitioners (?) of the country; also, the formula, size and frequency of the dose and indications for its use.

Then, too, nearly every day some gentleman walks in and says he represents some particular drug house and asks about my stock of anodynes, analgesics, cathartics, antipyretics, intestinal antiseptics, renal and vesical antiseptics, suppositories for leucorrhœa, dysmenorrhœa, hemorrhoids and so on. I often listen to his description of the virtues of his wares, and then say: "I have no use for your samples, as I am a homeopath" This usually brings forth the old remark: "Why, the homeopaths use our goods, and many of them are our best customers; you need not hesitate on that account, so I'll leave you a few bottles; our goods do the work every time, and they will bring you patients."

Right here is one of the greatest dangers to those who try to practice strict Homeopathy, and it is probably one of the most frequent causes of our young men giving way to their early discouragements in trying to find the *similimum*. It takes long and patient study to learn how to use a repertory and search out the indicated remedy, and a lot of nerve and self-reliance to administer that remedy and wait until it can act, feeling you are right and that you are sure to get good results.

It is so much easier to prescribe in the so-called liberal manner, for every pharmaceutical house in the country is apparently interested in your welfare, and gives free to all unlimited instruction concerning every ill to which human flesh is heir. A study of *materia medica* and therapeutics seems like a waste of time, for our remedies come to us in attractive containers, labeled with the formulæ of the most elaborate combinations, and giving specific directions for their administration. These combinations are most remarkable creations, for they contain about all of the several remedies known to have produced beneficial effects in the diseases for which they are to be given.

It is reasoned that by putting these several remedies into the human system at one time, some one or two of the drugs will do the work required. Life is too short to study into the case in order to prescribe the similimum, according to the totality of the symptoms, and the known action of any one remedy, elicited by a careful proving, is too much to be learned.

The relationship of these combined remedies, their compatibility and incompatibility, the time of administration with regard to the period of aggravation, etc., and many other important considerations, are wholly ignored by those who habitually use these combinations or mixtures. Hahnemann says, paragraph 274, of the *Organon* :

"Perfectly simple, unmixed and single remedies, afford the physician all the advantages he could possibly desire. He is enabled to cure natural diseases safely and permanently through the homeopathic affinity of these artificial morbid potencies, and in obedience to the wise maxim that it is useless to apply a multiplicity of means where simplicity will accomplish the end, he will never think of giving more than one simple medicine at a time. Even in taking it for granted that all simple medicines were proved with regard to their pure and peculiar action upon the healthy human body, the physician would abstain from mixing and compounding drugs, aware that it is impossible to foresee the variety of effects that two or more medicines contained in a mixture would have, or how one might modify or counteract the effect of the other. It is equally certain, on the other hand, that a simple medicine, well selected, will by itself be quite sufficient to give relief in diseases whereof the totality of the symptoms are accurately known."

It does not seem possible that many could ignore this sound advice and scientifically proven fact, if they had read it and had given it a trial. I am reasonably certain that the *Organon* is the one book the most deeply covered with the proverbial dust upon the library shelves, and it is indeed strange that this is so.

As well might a clergyman attempt to teach the religion of Christ without a Bible as for a homœopath to practice Homœ-

opathy without learning and applying the laws of Hahnemann, which are to be found only in the Organon.

DISCUSSION.

Dr. Stuart Close.—The doctor need have made no apology for the brevity or for any other feature of that paper. It is an admirable presentation of a doctrine that we all need very much.

PERTINENT QUESTIONS.

Dr. G. P. Waring.—Two questions have been sent up, with the hope that some of the wise men present would answer them. Dr. Nash has one.

Dr. E. B. Nash.—“In affections of the mouth, what deleterious effects, if any, would Hydrastin muriate have upon the remedy taken in a high potency?”

That would depend somewhat upon the character of the affection of the mouth; if purely local, and brought on by local causes, such as injuries, or from the action of Carbolic acid, it would be perfectly proper to treat that patient by local applications as an antidote to the local poisoning or injury. In such a case there would be no remedy, high or low, needed.

If, however, the sore mouth is the local manifestation of a constitutional taint it would be inadmissible to use any local application for two reasons: First, the local application might interfere with the perfect working of the proper internal remedy, and, second, the internal remedy is capable of taking care of the whole trouble from inside out. The Hydrastin muriate might cause a medicinal effect and thus interfere with the full effect of the potency. It might be possible to get the full benefit of the constitutional effect of the internal remedy in spite of the wash, but I would not advise such use of it.

Dr. A. Fisher.—I agree with the doctor. Local treatment is inadmissible in the class of cases alluded to; it is like covering up the face of a clock and thus depriving yourself of the knowledge of what time it is. The local manifestation is a valuable index of the progress or otherwise of the patient.

Dr. G. P. Waring.—The second question is as follows:

“We sometimes hear that the indicated remedy should not be given in certain conditions for fear that the vital force would be

overwhelmed by it and the patient die. Is this so?" I will call upon Dr. Stuart Close to answer this question if he will consent to do so.

Dr. Stuart Close.—No, it is not so. The truly indicated remedy, in proper dose, never does harm, but always good. If a remedy does harm, it was not the indicated remedy; a mistake was made in its selection. It is true that medicines may do harm even when given in infinitesimal doses if they are not properly related to the case. It is true that a medicine which has in its pathogenesis all the symptoms of the case may do harm. It does not necessarily follow that, because you can find all the symptoms of your case under a certain remedy, you have found the true curative. The selection of the similimum requires something more than the mere mechanical comparison of symptoms. A remedy selected on such grounds might, and often does, so aggravate and stir up and confuse the symptoms of a case that harm is done in many ways. It may be sufficiently similar to excite the reaction of the organism, but not being perfectly similar the reaction only results in a waste of vital energy. It does not correspond to the genius of the disease, nor the order of its development.

The relative value and importance of symptoms as related to each other must be considered. The significance of symptoms as revealing the presence of one or more of the great underlying miasms must be determined.

The symptoms must be grouped in such a way as to bring related symptoms together and reveal their true character, and enable us to classify them as psoric, syphilitic, sycotic or simply acute.

In a simple acute case the indications are clear for immediate action. We have only to cover all the symptoms present. In a chronic case with some acute symptoms present the problem is more complex. The chronic symptoms of the patient must be taken into consideration in selecting the remedy to relieve the more recent symptoms and prevent suffering. In a purely chronic case it is still more difficult, for here the symptoms must be carefully weighed and grouped. But where chronic conditions or elements are involved at all the prescription must always be

made in the light of Hahnemann's maxim *to deal with the strongest miasm first*. Sometimes this is to deal first with the miasm which is strongest per se. Sometimes it is to deal first with that miasm which is strongest in the particular case before us. Hahnemann teaches that psora is the most ancient and most powerful of the miasms, syphilis being next and sycosis last in order of importance. But in a given case sycosis or syphilis may be the strongest, or most in evidence, and as such the basis of initial attack. A drug dyscrasia or miasm may be fundamental and require first attention.

A careful study and analysis of the case will reveal the true basis of action under this general principle of Hahnemann's to *attack the strongest miasm first*. The secret lies in the mode of eliciting and properly grouping the symptoms of the case. This is the very essence of the Hahnemannian doctrine of the chronic miasms. Failure to grasp and apply this principle is what leads to the selection of remedies that seem to be indicated, but which, in the language of the question propounded, "overwhelm the vital force." We must not attempt to cover all the symptoms of a chronic case with a single remedy as we would in an acute case. If we try we shall not only fail to cure, but do great and irreparable harm. No case of chronic disease can be cured with a single remedy, although some prescribers seem to set that before them as an ideal. In making their first and every prescription for a chronic case they endeavor to cover all the symptoms of the patient with a single remedy, as if it were a case of acute uncomplicated disease. They often get terrible aggravations, and do not understand why. If they would study and master Hahnemann's later and ripest teaching they would not have such unfortunate results.

DISCUSSION.

Dr. C. M. Boger.—When the old groups of symptoms spoken of by Dr. Close come back the mental are the most important and the best guides for the selection of a remedy. A remedy based upon the mental symptoms in such a case will give the disease a death blow.

I had a case of goitre, with few general symptoms; after I had prescribed for her she came back with a number of old symptoms that she had had a long time before. Among them were great mental depression and some other mental symptoms, for which I gave Psorinum, and after that her progress was wonderful.

Dr. C. B. Gilbert.—There is such a thing as hastening death by a remedy given according to the symptoms. Arsenicum is one of the remedies that will do it. I know of a case in which a single dose of Arsenicum in the 200th attenuation killed the patient in short order; without that dose I believe that the patient would have lived two or three weeks instead of twelve hours.

Dr. R. E. S. Hayes.—Is it desirable to hold on to a patient suffering with a fatal disease for a few days or weeks when the indicated remedy will put them to sleep?

Dr. C. M. Boger.—I am physician to a large colony of Catholic people, and a large part of my influence there was obtained because I allowed an old lady to die in full possession of her senses. The bishop of the diocese preached a sermon on the subject and cautioned his parishioners against doctors who drugged the last moments of the dying into a stupor.

Dr. Stuart Close.—To me one of the most precious privileges is the bringing about of euthanasia, which should be the right and privilege of every human being. There are cases, I admit, where the indicated remedy seems to hasten the end, but it does it by soothing pain and irritation, thereby favoring dissolution. It effects true euthanasia. It may do away with a few hours or days of troubled existence, but it brings peace, promotes comfort and ensures well being. It complies with the requirements of law. It should not be said that the remedy really shortens life, for that is to bring the indicated remedy into the category of things that do harm, which it does not.

I would not, except under extraordinary circumstances, allow myself to give a remedy to one who was in extremis, with the idea of merely prolonging life. The use of oxygen and other powerful stimulants for such a purpose is pernicious practice. If the distress of body and mind is such as to indicate Arsenicum and I give it in a potency I conform with the highest laws known

to man,—the law of Homœopathy and the law of charity, and accomplish the greatest good possible. I am not giving it with the mistaken idea of keeping that patient here to suffer, but to ease the suffering and to secure peace in the last moments of life. It is my duty to cure that patient if I can; if I cannot it is my duty to ensure him an easy death by the use of the indicated remedy, and the indicated remedy will do it better than anything else. It is not my duty when a patient is in possession of a fair amount of vitality, by a mistaken view of his symptoms, to give a remedy like Sulphur or Silicea, thus awakening a fruitless reaction or aggravation of old conditions, and thereby hasten him to an unnecessary death. That is a different proposition entirely.

Dr. Julia Plummer.—The difficult question is just where the point is that divides a fatal case from one that is going to recover; it depends upon the point that we talk of so much, about the vital force being aroused to action by the remedy.

Dr. G. P. Waring.—The next question is:

“What is the curative power?”

I will call upon Dr. Case to answer that question.

Dr. E. E. Case.—I should say that the vital force is always the curative agent. The function of the remedy is merely to excite the vital force to action; in different individuals it requires different potencies to excite the vital force to action, and thus arises the use of the various potencies. I have tried a certain potency without result and given another potency of the same remedy with good results.

Dr. P. E. Krichbaum.—The vital force is the curative force, and when you have to jog it along by a change of remedy every day because there is a change of symptoms without improvement it is a certain sign that that patient is going to die. It is a fatal symptom. There is no vitality there and they will die every time that that occurs.

Dr. E. Rushmore.—It seems to me that there is a difficulty, at least there is in my mind. I find it impossible to isolate in my mind the idea of a vital force as something apart from ourselves. Therefore I have to think of the vital force as that which is cured by the remedy.

Dr. M. E. Graham.—My work is largely surgical, and when it comes to a question of the advisability of an operation I find it makes a good deal of difference whether a good homœopathic physician or prescriber has been treating the case previously or not. I have a kind of rule that I use as a guide; if a remedy is selected carefully, and there is a relapse after improvement, and this occurs three times, then I do not hesitate, but advise operation immediately.

Perineal Lacerations.

JAMES G. GILCHRIST, M. A., M. D., IOWA CITY, IOWA.

In presenting this brief and imperfect contribution to the programme for this occasion, the writer feels as though an apology were almost a necessity, as the subject is one to which he has not given any unusual attention, nor had exceptional experience. Nevertheless, as the topic was selected by your chairman, it may be presumed it was desired by at least a few of the membership. No one who devotes himself entirely to surgical work, and is connected with a clinical school in a teaching capacity, can be without ample experience in cases such as is offered for discussion, and such experience cannot fail to furnish something of interest to the profession at large. Doubtless the main features of such accidents and their consequences are more or less familiar to all present, and we can enter at once *in medias res*.

A classification that is purely academic can have no interest to any one interested in practical work, but a classification made along practical lines is of the utmost importance to both student and practitioner. Thus we find that perineal lacerations must be studied as of two general varieties, the partial and the complete. The former are of two degrees; the first, any tear that does not involve or include the sphincters, and the second, one which does include the sphincters, but not open into the rectum. The complete laceration is one that does extend into the rectum. Not only will the consequences vary with the extent of the tear, but the therapeutics depends upon the same condition.

Lacerations of the first degree vary all the way from a tear of the fourchette, or only the mucous structures, to those which extend into other and deeper tissues, but the consequences, both general and local, are not all determinable by the extent. When we recall that these consequences are often progressive, and of slow establishment, but that they are far from being purely local, in many instances, often the reflexes, to use a much abused term, are the most important phenomena with which we have to deal. A word as to etiology seems necessary at this point. As to the conditions of childbirth that favor such accidents, and what means may be employed to minimize, I shall say nothing, from lack of experience, not having seen an obstetrical case for many years. But this much we all know, that the tissues are divided very differently than would be the case in a surgical incision, or even ordinary traumatism. The tissues are first subjected to much damage (perhaps "more or less" would be a better expression) by contusion, and then put in a state of great tension, which, when the maximum is reached, results in a tear. This tear leaves the fibres of the tissues torn on different lines, making a very ragged wound, which character is intensified by the necrosis of smaller or larger portions that were devitalized by the extreme tension to which they were subjected. Furthermore, the lochial discharges and other fluids, as the urine, which come in contact with the raw surfaces, tend still further to destroy tissues. Finally, when the destructive process is finally completed, we have a ragged, uneven excavation in place of a wound, which gap or defect, if healed spontaneously, fills in with scar tissue, the final result, possibly, being troublesome reflexes, quite as much, even more so, than if the tear remained unhealed. So when the surgeon speaks of a torn perineum he often refers to one that has "healed" spontaneously, and the therapeutic indications include a preliminary excision of the scar. We are all familiar to-day with the distressing symptoms referable to scars, and need not dwell upon them, more than to direct attention to the fact that often their manifestations are quite remote to the lesion. The local consequences are quite various, depending upon the degree of tearing. In some very shallow, minute tears repair is im-

perfect, and leaves a sensitive spot that behaves much like fissures of the anus do; viz.: Producing muscular spasm, vaginismus, and other irritations on contact. In tears involving muscular tissue, if allowed to go unattended to for a long time, there will follow muscular atony, with ptosis of various pelvic structures, uterus, bladder, rectum, one or all. In the case of the uterus this latter will bring about tissue changes of various kinds, distinctive and constructive; in the bladder decomposition of residual urine, with a possibility of cystitis or even stone, and a variety of annoying pathological results may occur in connection with the rectum. Hence, it can readily be understood that repair of lacerated perineum, even when of minor degree, is an imperative necessity.

The therapeutic consideration is one that perplexes the novice from the great variety of procedures given to select from. The expert, however, has long since learend that one method is about as good as another, the failures being due more to technique and lack of experience than to method. We can group all methods under two heads—the immediate (or primary) and the secondary. Therapeutically, the primary operation, made immediately after the accident, would seem to be proper, but practically there are potent objections. In the first place, the tissues are not in a favorable state for speedy repair, and the associated conditions are conducive to infection. Secondly, if repair *does* take place, it is apt to be irregular, with much scar tissue, and the case will possibly call for surgical care quite as much as though it had not been healed at all. For my own part I prefer to make a secondary operation, not too long delayed. After a time there is an amount of atrophy in the muscular tissues injured that makes it almost impossible to restore the parts without scarifying more tissue. For it must be remembered that it is not a mere closing of a defect that is sought, but a restoration of the normal anatomy. I have seen many a case that was supposed to have been cured in which there was only a “skin perineum,” the muscular fibres being widely separated, often with a dense cicatrix intervening. For this reason the best time, it seems to me, to attempt a secondary repair, is after two weeks, and before two months have elapsed. As to the exact method, we may consider any operation a good

one which restores the anatomical relationship with the least sacrifice of tissue. "Tait's "flap-splitting" operation commends itself to me as the most generally suitable.

When we come to consider *complete* tears the conditions are somewhat different. Here we have all the other symptoms intensified, and the grave one of rectal incontinence added. As far as the comfort of the patient is concerned, the repair of the torn bowel is *the sine qua non*, and immediate operation should be the rule. Supposing the damaged perineum is not restored by this operation, the incontinence may be at once relieved, and perhaps cured. There may be a little more urgency in regard to the length of postponement of the formal operation, but if the bowel tear is healed the case then becomes, to all intents and purposes, a partial laceration, and is to be treated along these lines.

In neglected cases, and such are often seen in our clinics, the condition is truly deplorable, and the surgical skill and judgment of the operator is taxed to the utmost to meet the indications. More than ever must we save tissue, for it often happens that at the best the results of an operation are only partially successful, and the atrophic changes have left none too much tissue. So that if two or more operations are necessary, saving of tissue becomes an element of the first importance. Again, I find Tait's operation gives me the best results.

I make no attempt to describe the operation, for two reasons: First, those who are experienced in surgical work do not need it; and secondly, those who are not could not do it from a mere description.

Disease; The Manifestations, Progress and Decline.

G. P. WARING, M. D., H. M., CHICAGO, ILL.

The sickness of the human race, like all natural processes, is subject to law, law which is immutable and unchanging; natural law in applied therapeutics.

The law may be in operation to produce and maintain health, or

if antagonized by wrong living, or wrong doing, and perverted, a process is established as true to law, but resulting in *disease*, the opposite to health.

The process in the economy of man, whether tending toward health or sickness, conforms to certain fixed principles or laws, both in the "spirit-like" and physical life. These laws direct in health and sickness, consequently to know best how to maintain health, or restore health to the sick, the laws involved in either condition must be understood and religiously respected.

There are at least three essential points entering into this study. There are others bearing a close relation, but these three will form the basis of this paper; namely, health, sickness and cure, as observed in the "manifestations, progress and decline" of disease.

Health is the result of the vital, immaterial processes of the life principle, working in perfect order, and flowing from centre to circumference from within out; from the patient to his organs, conforming to and consistent with the established "laws of health."

Sickness (excepting from mechanical injuries and certain exciting causes) is a state following the disarrangement and disorder of these same vital immaterial processes. Hence the beginnings of sickness are upon the same plane with health, developing from centre to circumference, and made known to the homœopathic physician by certain *manifestations* making up the totality of the symptoms.

Cure is the restoration of the health state, brought about by restoring and re-establishing order to these same vital processes, having the same course and direction—from centre to circumference,—hence also upon the same plane.

These definitions all harmonize, as they must to be correct, by placing the processes of health, sickness and cure all upon the same plane, familiarly known to Hahnemannians as the vital, dynamic, spirit-like or immaterial plane.

But what about the aches and pains of the patient, expressed upon the physical or nutritive plane, including disturbed function of organs, structural tissue changes, etc.

They are not included in the above definition of health, sickness

and cure, because upon a plane distinctly different and running a course in their progress toward disintegration, exactly opposite to the course and operation of the forces involved in the immaterial plane.

Such physical and structural changes of the material body have their beginnings at the circumference, as seen in the eruptions of the skin, abnormal growths, functional disorder of organs.

The real sickness may have been manifesting itself for days, months or years upon the immaterial plane, but now the economy of nature by the so-called "laws of health" begins to localize or eliminate by throwing off that which is an enemy to health.

This state and these conditions of the physical structure come as a result of a prior state and condition of the vital force; consequently can exist and progress only in proportion to the disorder and disturbance of the selfsame vital processes.

This brings the *manifestations* of sickness or disease into a clear contrast with the progress or course of disease.

The manifestations, which are the real sickness, are perceived, recognized, known and studied by the trained and skillful homœopathic physician as belonging entirely to the immaterial plane and become his guide in the selection of the indicated remedy upon which the cure depends.

The progress of disease is known by the physical signs and studied by means of the physical senses, and considered by the true physician as the result of a prior, immaterial state, but now expressed in the physical plane and of little or no value, except in diagnosis and prognosis. That is to say, that the manifestations or the symptoms of the most importance in the selection of the remedy are of the least importance in knowing the progress or diagnosing or prognosing the case. Hence, the converse, the symptoms and conditions of most value in diagnosing and prognosing are of the least value in the selection of the remedy.

The manifestations begin at the centre and develop toward the circumference, maintaining usually this order of importance—moral, mental and physical symptoms.

1 The progress is noted first at the circumference, and developing

toward the centre, usually conforming to the order, skin, mucous membrane, soft tissues, vital organs and death.

The manifestations pertain to the sick man, not his tissues.

To the patient, not his organs.

To the life principle, not to that which it creates.

To the tenant, not the house he lives in.

To the internals, not the externals.

To the cause of sickness, not the results.

The tissues, the organs, that which is created, the house, the externals and the results of sickness, all refer to the progress of disease.

The manifestations are involved in the "law of cure," being essential to the totality of the symptoms and become the important guide in the selection of the remedy as the law directs.

The progress refers principally to a lower plane—the plane of observation and experience. This should, however, always conform to the higher plane as manifested in the prior state. This is consistent with one of Dr. Kent's aphorisms, "Let the law direct and experience confirm."

The decline of disease, or course of cure, conforms to and harmonizes with the manifestations, consequently taking the reverse order of the progress of disease; therefore we say "the patient gets well from within out, from above down, the symptoms disappearing in the reverse order of their coming."

This distinction between the manifestations and cure, and the progress of disease, clearly sets forth the difference between the homœopathic and antipathic schools of medicine.

The homœopath begins with, makes his study of and bases his treatment upon the causes, beginnings and manifestations of sickness, while the doctor in the rut of traditional medicine begins at the other end of the case, and seldom gets beyond the physiological action of drugs and the results of disease expressed in the physical plane. Here he "puddles and muddles," only to palliate or change in form some of the results of disease.

Indeed what a fortunate thing it would be for his patients if this were all the harm the antipathic practice produced.

We have seen that the progress of disease is from without to-

ward the centre, and this so-called scientific doctor, with his salves, lotions, injections, douches and local applications in his suppressive practice, greatly hastens this progress of disease and often the premature death of his patients.

If his patients come to us in time our work becomes the undoing of the mischief perpetrated by such malpractice, and if the reaction of the vital force is sufficient this undoing or unfolding process becomes one of the most beautiful illustrations of the law and philosophy of cure; so much so sometimes that the charm of beholding demonstrated truth so infatuates the true doctor that he talks of miracles and forgets to collect his bill.

A practice based upon the progress of disease is placing the cart before the horse, or the horse working in the breeching instead of the collar. Like a breech presentation with the mother in a faint.

The old school doctor, who by tradition, inheritance, education and prejudice adheres to such a practice, not knowing the meaning of the manifestations or the law involved, deserves some sympathy and respect. Very different, indeed, is the doctor, who, claiming to have been born into the homœopathic kingdom, continues to practice like the allopathic doctor. He invites just what he usually gets, the criticism and contempt of both sides.

To repeat a practice based upon the law and the manifestations of disease recognizes that the law operates from within out. The human body is built that way and cared for upon the same plan. All eliminations from the body conform to the law, therefore the treatment to be consistent and in harmony with law must act from within out, from vital force to the physical man, from the patient to his organs.

A practice based upon disease and its progress tends to the opposite course. The physical man, his organs, his diseased parts, the pathology and the results of disease, are always seen first and generally nothing more. Hence the treatment only of organs, affected parts, eruptions and external results of disease—treatment from without in—from circumference to centre, from the organs of the man to the man himself, if he is thought of at all. The law is antagonized and the patient neglected.

Two Cases of Appendicitis.

I. DEVER, M. D., CLINTON, N. Y.

The only object the International Hahnemannian Association can have in maintaining a Bureau of Clinical Medicine is that of verifying the doctrine of Homœopathy by the practical workings of the principle at the bedside of the sick. Therefore, if we are to gather a useful lesson from our own experience, and that of others, it is necessary that such reports should be divested of all attempts to exploit cures at the expense of that which is in conformity with the strictest veracity. I am not here to offer a criticism on clinical reports; nevertheless it is a noteworthy fact that few learn much from our mistakes in prescribing, as we are, under such circumstances, forced to a more thorough study of the case in all its details by which the similimum is selected, and we are more than ever satisfied that the law of similars is responsive when prescribed in obedience to the dictates of the greatest of teachers, Hahnemann.

I have two cases of appendicitis to report, treated and cured by the remedy selected by the strange and peculiar symptoms which I was able to obtain from my patient, as the characteristic indications were not marked on first call and not for two or three days for that matter.

April 24, 1903, I was called to see a little school girl, aged about twelve years. She complained of pain in the right side, in a central spot. She had slight fever, some thirst, and was restless and nervous. I could not get much in the way of symptoms from the child, but as she lived with her aunt and did as she pleased I came to the conclusion that her trouble resulted from getting her feet wet on her way from school the day before, though could get no positive proof going to confirm my suspicions. However, I prescribed Rhus 200.

Called the 25th and found a slight improvement, when I told the aunt what my suspicions were in regard to the case. The child's father was sent for, and, like many anxious fathers, felt that he must do all that could be done under the mistaken notion that good would result from doing everything that can be done,

whether it has any particular reference to the good of the patient or not, and as the child had not eaten anything for forty-eight hours he gave her a pint of strong beef broth, with some bread in it. Of course, he soon heard from it, and I did also.

I found her with a temperature of 103 2-5, trying to vomit, bowels bloated and so tender that she could not bear the slightest touch. Her pulse was 130, weak and thread-like, and the pain in the abdomen caused the child to scream whenever she was touched or moved in the bed. She was called to the chamber as often as every half hour to pass a clear, thick jelly-like substance, which was preceded by pain and relieved by the discharge. No pain during nor after the discharge. She got Aloes 200. I repeated the dose three times during the next ten days; always after I noticed the symptoms did not improve during the preceding twenty-four hours.

The next case was a man forty-five years old, a hard drinker, who sent for me March 28th to come to Utica to see him. I found his temperature 101; pulse, 105. He had been vomiting a green, bitter water, and as he had not passed anything from the bowels for forty-eight hours, and was greatly distressed, I ordered an enema of warm water, which relieved him somewhat; nevertheless there was a sharp pain deep down in the abdomen in the region of the appendix. His wife told me that he had complained for a week, more or less, but every day about 4 P. M. the pain would grow worse, and last until bed time, but was **not entirely relieved** at any time during the time since he first complained. I asked her for a specimen of urine, which she produced, full of the characteristic red sand-like deposit.

I prescribed Lycopodium 200, with a promise to see him the next day, which I did, to find him better. I continued my visits, also the placebo for a week, when I discharged my patient. I saw him two weeks ago, when he told me that he was better than he had been for years, as the medicine had cured some skin eruption with which he had been annoyed.

Some one may ask why I gave the warm water injection before prescribing a remedy for the difficulty. In answer I will say that as the impacted fæcal matter was the result of constitutional pre-

disposition, it was just as much a symptom as the pain, and inflammation of the appendix, the removal of its existence, therefore, became necessary for the same reason that we would remove any foreign body whose presence would only be a cause of irritation and prevent the reaction of the system to the well-selected remedy. See note 1 to Section 7 Hahnemann's Organon.

The Characteristics of Formica.

C. M. BOGER, M. D., PARKERSBURG, W. VA.

Formic acid is present in pine shoots, old oil of turpentine, the stinging hairs of nettles and caterpillars, the stinging fluid of neuter and female ants, wasps, bees, jelly fish and sea nettles, etc.; the sand wasp uses this secretion for the preservation of the food deposited alongside its larvæ for feeding the future young; all these cause irritation, stinging, burning and nettle rash. The pure acid and nettles cause vesication, the former sometimes going on to sloughing.

Formic acid, like chloral, renders the blood darker, probably by forming hematin through the decomposition of oxyhemoglobin.

Formic acid is artificially produced in many ways, the best known being probably that of heating oxalic acid and glycerin, adding a small quantity of water.

Plants and insects containing this acid have been used from the most ancient times and among primitive peoples for gout, rheumatism and loss of muscular power, being mostly applied as counter-irritating flagellations with nettles, or stimulating embrocations made from ants.

Gerrard's indication for nettle tea was:

"Patient is unable to breathe without holding the neck upright."

In gout he recommended a preparation made by enclosing flowers of lily of the valley in a stopped bottle in an ant-hill for one month; the resulting liquor was applied externally.

Rubbing a cock's heart with nettles to make it hatch hen eggs is spoken of by Goldsmith. The oil of nettle seed is mentioned

as a powerful sexual stimulant by Fernie. Nettle stings are popularly cured by rubbing with dock leaves.

A distilled spirit of ants was formerly used to increase courage and irritate them that are slothful to venery; to augment the urine and animate dulled spirits; see article by S. A. Jones. (*Homeopathic Recorder*, v. 13, p. 153.)

Nettle is used among us for burns, gout, chicken-pox, acute oedema, nettlerash, gravel and uric acid intoxication.

It is a curious fact that the mere presence of corrosive sublimate will induce a true violent mania in some ants. The bee is reputed to be the most jealous of insects.

SYMPTOMS:

Mental exhilaration and activity.

Congestion of heart and chest.

Sensation of a nail pressing into head, (clavus) with fluent coryza.

Headache; better by combing the hair.

Before a snowstorm pain in aponeurosis and muscles of head, neck, shoulders and back.

Pain in eyes > by washing.

A cool burning, like snowflakes, falling on conjunctiva.

Intolerable itching of conjunctiva (rheumatic inflammation of eyes, clinical).

Deep-seated itching in ear.

Entire left side of face and cheek feel paralyzed, and as if hanging down loosely.

Periodical toothache.

Taste rancid after eating fats.

Cooling feeling, as from mint drops in throat.

Sensation of burning or heat in stomach.

Pressure, as if something lodged in cardiac end of stomach.

Diarrhœa. Soft stool, with burning irritation of anus and great weakness in bowels.

Double the quantity of urine. Paralysis of bladder; urine dribbles.

Great sexual excitability (30th potency).

Asleep feeling in sexual parts on ascending stairs.

Sudden pain in left lung, then sensation of falling.

Shooting pains in back and down thighs and arms; prickling of skin in region of pain.

Asleep feeling in arms and hands while riding in a carriage.

Suppuration under fingernails; they loosen and fall off.

Rheumatic pain in lower extremities.

Shifting pains and restlessness.

Cramp in soles, under toes at night, always in a small spot.

Flat cedematous swellings, looking like erysipelas, with itching.

Great muscular weakness.

Very susceptible to cold (reverse, Apis), < wind.

Wretched feeling, causing one to gape and stretch.

Languor; pains in limbs; chill along spine.

Symptoms < on right side.

Pressing burning in small spots.

Prickling, as of nettles.

Itching, or burning itching in many parts; > scratching.

Sleepiness, or alternation of wakefulness and sleep.

Lewd dreams.

Sweat without relief.

AGGRAVATION.—The burning is aggravated by cold washing, like Caps.

AMELIORATION.—Gentle rubbing.

COMPARISONS.—Apis, Vespa, Urtica urens, Pinus sylvestris, Medusa, Fragaria, Chloral all cause oedema, itching, stinging and burning of skin.

Mercurius cor. stopped all symptoms.

Secretions Increased.—Urtica urens (sweat, milk, urine); Medusa (milk, urine); Pinus syl. (bronchial secretions, urine); Formica (urine).

Secretions Decreased.—Apis (urine, skin); Vespa (skin); Fragaria (milk).

Chilliness.—Formica, Pinus syl., Urtica urens (moist, cold).

Heat and Sense Of.—Apis, Vespa, Chloral, > sweating.

Snow Air Agg.—Formica, Urtica urens.

Abdominal Soreness.—Apis, Urtica urens.

Discharge of Worms.—*Urtica urens*, *Pinus syl.*, *Fragaria*.

Pinus sylvestris combines rheumatic, bronchial and urticarious symptoms; the chest seems thin and about to give way. Compare *Thuja*,

CLINICAL CASES—PRURITIS SENILIS.

Mrs. N., aet eighty. Itching and burning of skin, worse before a snowstorm, in the evening and from alcoholic stimulants; not affected by rainstorms; better from warm baths; patient has few articular distortions of fingers. *Formica cm.*, one dose, gave great relief; a repetition in two months was necessary; an absolute cure at this age is hardly to be expected.

Miss B., aet forty-nine. Intense headache appearing in either temple, then going to the other; generally begins at night or in the morning, slowly increasing to a certain height, then declines. The attacks move in periods of 24 to 36 hours, are preceded by listlessness and heavy eyelids, accompanied by yawning, profound sleep, itching of scalp, burning in eyes, chapping of lips and a cold spot on vertex; the feet feel as if in ice water.

Worse from drafts or cold.

Better in summer, from coffee, wrapping up head and rubbing or *combing hair*.

Sensation of a vapor going through head on swallowing.

Retraction of gums.

Had chills, followed by urticaria twenty years ago.

Flea or mosquito bites cause great oedema.

Naturally chilly, back of neck sensitive to drafts, easily takes cold.

Over-sensitive to pain.

Prescriptions at various times for over three years yielded no result until the modality, "better from combing the hair," appeared. She now received *Formica cm.*, one dose after each attack.

In two months they disappeared; then followed an attack of basilar congestion, with much vertigo on rising. Several doses of *Bryonia* helped, but left her with an ataxic gait, from which she very slowly recovered; since which she has had one mild headache; this patient is evidently gouty.

Variolinum as a Prophylactic of Small-Pox.

BY A. S. MUKERJEE, M. D., HAWOAH, BENGAL, INDIA.

A few days ago my mother went to see her brother, who was suffering with small-pox, with several children in his family. My mother had not only to nurse her brother, but also the children, who had caught the disease. One of the children died, but the brother and some others, after a protracted illness, recovered. It must be here stated that those who got the small-pox had all been vaccinated in their infancy. My mother, who had also been vaccinated in her early years, returned home after the recovery of her brother, but the day she came in she had a violent fever, and the next day there were evident signs that she had small-pox. In three or four days more pustules appeared on her body, and as I have several children from one to seven years of age living in the house, some of whom had not been previously vaccinated under the rules of our Government, I was in the greatest anxiety for their safety. But fortunately an old homeopathic practitioner, Dr. R. K. Rai Chandhari, came in to my help and advised me to give Variolinum as a prophylactic to my children. I followed his advice, and gave the medicine in the 8th potency to all who were to be guarded against the attack of the terrible disease, as also to my mother, who had already caught it. I am very glad to inform you that all those who took Variolinum as a prophylactic escaped the infection, and the course of the disease on my mother took a mild form and she very soon recovered. I send you this piece of information for any use that you may wish to make of it.

A Gelsemium Case.

W. E. LEDYARD, M. D., SAN FRANCISCO, CAL.

The patient is a large woman, of dark complexion, about the middle age of life, having recently lost a loving husband suddenly from a fall, her grief having the added poignancy of the thought that he might have lived if the doctors had not administered chloroform for the relief of his intense pain.

When she heard of his death she was seized with a spasmodic stiffness of the jaw and inability to open the mouth. She has had several attacks of this kind, and also frequent attacks of sinking at the precordium, usually when in bed at night.

The attack wakens her and she rises up quickly in bed, with a feeling that if she doesn't stir herself and exert herself in every possible way the heart will stop beating.

When called in she was sitting up in bed, with face dusky red, not daring to take a deep breath on account of severe and sharp pain in the chest at every inspiration, with dizziness and soreness at the heart and occasionally across abdomen.

Percussion and auscultation showed the case to be one of pleuro-pneumonia.

There was aversion to and great aggravation from milk, which constipated (a chronic condition), and < from cold bathing.

Cough and suffocation; no smell or taste since taking cold.

Dreams of moving, exerting herself.

Of course the pleuro-pneumonia being a pathological condition cut no figure in the choice of the remedy, but the examination inspired confidence, and for this reason, if no other, was of the greatest importance.

Grief being a very prominent symptom, the heart trouble urgent; dusky redness of face and stupid look, and the stiffness of jaws and inability to open the mouth, with sore throat that gradually became worse and great weakness.

A friend having already given her against her will in alternation Bryonia and Phosphorus, presumably the 3d decimal, we exhibited Gelsemium 200, three doses in solution, at intervals of half an hour.

Although the "sinking heart spells" continued there was a general relief within an hour, a copious flow of pale urine, quite characteristic of our remedy, relieving a bloating of the abdomen, which had been very distressing.

The patient living at a distance three powders of Gelsemium 200 were sent, one to be taken as above, only when necessary.

In three days the following word came: "I am feeling ever so much better today; have had only two spells with my heart, and

they have not been so severe; slept better than since I have been sick."

Report two days later: "Ever so much better, and feel much less stuffy after starting to flow yesterday; was out walking to-day."

After two days another report: "Cough about gone; no more heart spells."

Five more days: "I am feeling very well now."

Nothing was said about the jaws, and we opine there was nothing to say.

COMPARISON.

In *Gelsemium*, when on the point of falling asleep, the patient is suddenly awakened with a feeling that the heart will stop beating if she doesn't make an effort and move about.

Digitalis the feeling is that the heart will cease beating if she makes any movement.

In *Grindelia robusta*, as in *Gelsemium*, the patient is roused up just when falling asleep, but in this remedy the feeling is as if the respiration had stopped.

A Case of Sarcoma.

ERASTUS E. CASE, M. D., HARTFORD, CONN.

An infant at birth had a small bunch above the right clavicle. When she was three years of age the bunch increased in size quite rapidly for two weeks. It was then cut out and two sacs connected with it were drained. The opening refused to heal. Some of the fluid flowing from it was sent to a microscopist in New York city, who pronounced the disease round-celled sarcoma. The child was taken to New York city for advice, and sent to the Hartford Hospital (allopathic) with detailed directions for treatment. The X-ray, inoculations with erysipelas, besides internal medication, the character of which is unknown, were used. After remaining in the hospital seven weeks the case was given up as hopeless, and only six more weeks of life were allowed her. The parents were taking her home to die, and, to please a grandmother, took the child to the homœopathist, with no faith in his treatment,

but, as the mother said, there was no hope anywhere else.

The management of the patient was assumed under three conditions, viz.:

1. That the directions should be followed exactly.
2. That no other treatment should be employed.
3. That they would continue to the end, whatever the result might be.

These conditions were accepted. Unfortunately a fourth condition was not imposed, viz., that in case of a cure the fee should equal that for a serious surgical operation.

STATUS PRÆSENS.

Light-haired girl, aged three and one-half years.

Face bloated, bluish color; lips almost purple.

Eyelids swollen and blue.

Black, gangrenous ulcers scattered over the face and neck.

Throat swollen as large as the face, most on the right side, where the enlargement extended from the clavicle upward back of and above the ear.

Colorless, bland fluid runs from the eyes and ears.

Nose completely obstructed; thick, yellow, offensive mucus oozes from it; high fever.

Sleep broken for a few moments only at a time.

Cries during micturition (always so from birth).

Hysterical fits of anger.

Mental development lacking.

Offensive foot sweat.

Scrofulous constitution by heredity.

Owing to her age subjective symptoms cannot be obtained.

What is the remedy?

The facial appearance suggested Lachesis, with Arsenicum as a close second. The claim of these two remedies for choice is nearly equal, excepting in the condition of the throat and the sleep. Here Lachesis is more similar.

April 26, 1902. One dose Lachesis cm. (Fincke) dry on the tongue.

April 30. Sores healing, general appearance better. Nasal discharge becoming liquid and corrosive. No medicine.

May 10. Face has lost the bluish color. Swelling is less everywhere. No discharge from eyes and ears. Nasal discharge now clear, acrid fluid, so corrosive that the whole upper lip is raw. Thirst is great; she wants water every few moments; very little at a time. No desire for food. Child plays a little, but is soon exhausted by exercise. Has Lachesis done all that it can? Was it wrongly administered? At any rate Arsenicum is now clearly indicated. One dose Arsenicum album cm. (Fincke) dry on the tongue.

May 18. Patient has improved every way. Last night she breathed heavily and the mother gave allopathic croup medicine. The mother received a lecture; the child nothing.

June 2. Color of face good. Child seems to feel well and happy; eats and sleeps well. Swelling steadily decreasing. No coryza; nose pervious; lip healed. The combination of symptoms demanding Arsenicum are gone. No new symptoms call for another remedy. Shall we wait? That, perhaps, were wise; but why not give her a constitutional remedy, the one which would have been prescribed before the operation? One dose Baryta carbonica cm. (Fincke) dry on the tongue.

June 23. Wonderful improvement in general. Swelling nearly gone, excepting at the original site of the tumor. No medicine.

July 14. Swelling still decreasing. Awakes crying, hard to pacify, first part of night; last part stupidly sleepy. Cries before her daily stool, which is normal; says that it hurts her to pass it; no irritation found. This being a new symptom, almost the only one excepting those belonging to her constitution, she receives one dose of Sulphur cm. (Fincke) dry on the tongue.

July 21. No trouble now at stool. Doing well. No medicine.

August 9. Swelling entirely gone, excepting at the original site, where it is pointing, purplish in color, red areola around it; size of a butternut. Parents frightened, asking "What can be done?" After considering the progress of the case, swelling disappearing in retrograde order from its onset, now only at the place of its first appearance; patient steadily gaining in health; eyes bright; eating and sleeping well; playing and singing about

the house and yard, the parents were reassured, but as in every case treated there was no promise of cure. No medicine.

August 12. The tumor opened and discharged a teacupful of thick fluid, looking like decomposed (not coagulated) blood. Painful urging to urinate, worse than ever. No medicine.

August 15. Tumor discharges once or twice daily a fluid of the same character, lessening in quantity. Excessive thirst for little and often has returned. One dose *Arsenicum album* cm. (Fincke) dry on the tongue.

September 12. Improvement followed. No discharge now for a week. Opening healed; discoloration gone; even the induration from the incision is softening. Last two days frantic before micturition. One dose *Petroselinum* 10m. (Fincke) dry on the tongue.

September 23. Patient seemed relieved at first, now bad as ever. One dose *Petroselinum* cm. (Fincke) dry on the tongue.

October 3. No improvement since. Attacks come and go suddenly at any time by day or night; frequently awaken her from sleep. One dose *Belladonna* cm. (Fincke) dry on the tongue. She needed a repetition of the *Belladonna* on October 31, 1902, and February 3, 1903.

April 2, 1903. Child seems quite well. Recently a small lump, like a swollen lymphatic gland, size of an almond, came under the angle of the jaw, right side. Offensive foot sweat continues. What should be done excepting to give her constitutional remedy? One dose *Baryta carbonica* 3 cm. (Fincke) dry on the tongue.

April 8. The swelling increased rapidly, covering the cheek and side of the neck as far upward as the ear. It projects downward, as if pointing. High fever; thirst; little sleep. Parents again anxious. Neighbors, especially two allopathic physicians who had charge of the case at first, saying: "I told you so. The disease was not cured. It has returned, and nothing can be done." Is it an aggravation from the high potency of the most appropriate remedy? That is the conclusion. No medicine.

April 17. The inflammation was gone in three days; the swelling decreased almost as rapidly as it came. Child seems well, but

weakened by the distress through which she has passed. No medicine.

May 1. The swelling has gone and the patient seems as well as other children. What mischief the disease force has yet in store for her we know not. One lesson has been thoroughly learned from the treatment of this patient, viz.: However serious the malady may be, trust the high potency of a carefully selected remedy; for in spite of the blunders in prescription, perceptible to hindsight, the result is such as homœopathic treatment only could have attained.

Everyday Cases.

LAWRENCE M. STANTON, M. D., NEW YORK.

I am not on the programme and feel in presenting this paper, prepared as it was at the eleventh hour, that I am appearing upon our stage in an understudy's part. I must, therefore, ask your leniency toward all shortcomings in the few cases I have put together.

In the poetic suggestion that "Deep calls unto deep, and like unto like," is there not more than mere suggestion? Back of all true poetry there is truth, and do we not find in the truth here foreshadowed a universal law?

It makes no difference upon what plane we look, whether upon the spiritual, the intellectual or the material, we see everywhere this beautiful law in operation, deep calling unto deep, and like unto like.

Courage begets courage, and fear begets fear. To him that hath shall be given, that is, he shall receive in like kind, be it good or bad. Laugh and the world laughs with you. Unto Caesar the things that are Caesar's. With the pure thou wilt show thyself pure, and with the forward thou wilt show thyself forward. The connection is obvious.

When the Divine mind speaks, listen, if you would hear harmony and law and order. Or, again, draw the bow across a violin string, does not the same string of a near violin vibrate in

unison with it? And in the science of Homœopathy, is not like everywhere beckoning unto like?

The dormant disease is stirred into action when the remedy which is its counterpart is given. The vital power reacts, the disease now vibrates in unison with the remedy.—Deep has answered unto deep, and disease has vanished in the atonement.

Now for the few, simple cases illustrating this beneficent law.

The first is one of:

MALARIA—NATRUM MURIATICUM.—I saw the case in the fall of the year, learning that the disease had existed on and off during the summer. The type was irregular; sometimes a quotidian; sometimes a tertian; beginning almost always at some forenoon hour; latterly the paroxysm was of the anticipating tertian type.

Prodrome.—She dreads the attack. Of course, no one enjoys such a thing, but this dreading was more than ordinary dislike; she dreaded it, and then dreaded her dread of it, is perhaps the best way to express it.

Thirst and blueness of the nails were other prodromal symptoms.

Chill.—It began internally, in the thorax apparently; was severe, lasting an hour or more. Thirst during the chill.

Fever.—The fever ran high, to 105° at times, and lasted six hours at least. Thirst at its height during fever. Severe frontal headache and general aching accompanied the chill and fever.

Sweat.—It was long and profuse, relieving all the symptoms, especially the headache. The heart was weak and fluttering during the sweat.

Hunger during the attack and otherwise, but a little food satisfies. Dry, hacking cough during the attack and in the interval.

The patient was rather stout and of an amiable disposition. She made a very rapid recovery under *Natrum muriaticum* 30th.

There were enough symptoms pointing to *Natrum*, especially the very great dread of the seizure and the marked amelioration of the symptoms during the sweating stage. Even, and specially, was the headache relieved during the sweat, which is, in a way, contrary to the text, which reads "Amelioration while sweating, except the headache."

While upon *Natrum muriaticum* I want to say that I have found it a most useful remedy in influenza in the 10 m. potency. The profuse, watery discharge from the nose and eyes not being at all acrid, as it is from the nose under *Cepa*, and from the eyes under *Euphrasia*.

A. SULPHUR ANGINA.—A chronic sore throat, with constant disposition to swallow; aggravation on first swallowing, but relief if she continues to swallow, was cured by Sulphur 10 m.

A LYCOPodium CASE.—Another case is that of a man who complained of headache and general played-out feeling for the past few weeks. The headache only troubled him when in his office, immediately passing off on getting into the air; even the few minutes' walk to his lunch sufficed to relieve him. During a warm day the heat had had the effect of checking perspiration, and the headache was very much worse on that day.

An abrasion on his finger had "festered;" a very uncommon thing, for any injury of his skin had always healed readily.

Restless sleep; dreaming much.

On inquiry into past history I learned that he had been prostrated by heat eight years previously, and since then had always suffered in some way in warm weather. The whole condition disappeared in a little more than twenty-four hours under *Lycopodium* 3m. I may mention that the patient was lean and scrawny, suggesting *Lycopodium* and not at all *Pulsatilla*.

NITRIC ACID CURE.—A patient for whom I hardly knew what to prescribe was one with an eruption upon the face. Finely papular, almost erythematous in appearance, over the right cheek and on the wing of the nose; itching and burning considerably.

After a prescription or two without benefit, and upon further inquiry into her general condition, the patient told me that she had delicate teeth, decaying easily, and that they often got black in streaks and would otherwise discolor readily. In examining them I noticed these black streaks through the teeth. Nitric acid 45 m. was now given, with wholly satisfactory result in curing the eruption.

These last two cases show that it is often worth while in slight ailments and acute diseases to rummage in the junk shop of past

history and conditions if you would find the valuable, yet neglected, symptoms.

MAGNESIA MURIATICA FLATULENCE.—The next case presented the following condition: A young woman suffering from indigestion, characterized by large quantities of gas within the abdomen, passing off by the rectum and pressing upon the bladder, causing frequent urination. Much rumbling, especially marked at each inspiration. Difficult urination; must wait long and press down with abdominal muscles before the urine will flow. Soreness over the bladder in hypogastric region.

The case was quickly cured by *Magnesia muriaticum* 10 m. potency.

I know of but one other remedy, i. e., *Tabacum*, having the symptom "rumbling of gas on inspiration."

The semi-paralytic condition of the bladder is strongly marked under *Magnesia muriatica*.

STANNUM COLIC.—Lastly, a case of intestinal colic and indigestion in a young child.

Severe colicky pains, doubling her up; ameliorated by pressure upon the abdomen. She would always roll over upon the abdomen with the pain or lie upon the abdomen across her mother's lap.

I confidently expected a cure with *Colocynth*, but it failed, as also did *Belladonna*. I now gave *Stannum*, with entire relief to the little sufferer.

I used the 10 m. potency.

Acute Mania.

D. C. M'LAREN, M. D., C. M., OTTAWA, CANADA.

Miss Y., aged 21, came into my hands for treatment on May 15, 1902. She had been acutely insane for three weeks, and the case was greatly aggravated by allopathic mismanagement and heroic drugging; apparently the simplest way to keep her quiet had been to use strong sedatives ad libitum, and the patient's real condition was masked by this intoxication. Refusing all food, she had become reduced to the ultimate point of emaciation, skin

dirty and discolored, and in addition to the usual smell of the insane her body had a particularly foul odor.

The following notes were written at my first inspection of the case:

Talks constantly, picking at things she sees.

Slightest noise startles her, and is afraid of anyone coming in; approach of anyone excites her; better if alone with just one person all the time.

Dilated pupils; takes crying spells occasionally; suspicious of plans against her.

Talks and beats the bed; wakes at three A. M., noisy singing, screaming and laughing.

Very much afraid to be left alone.

Uses bad language; says she is damned; sees devils and is afraid of them.

Does not like to be touched, is quite suspicious of your intentions if you touch her.

Seems afraid to sleep, rubs her eyes as if to waken herself.

Although swearing, seems to dislike herself, and says, "I don't swear, do I?"

At first she tore her clothes off, but not now.

When forced to sleep with drugs sleeps on her back, knees up; sees rats, snakes, animals, and is afraid of all she sees.

Picks the bed clothes and bites them, not hard, but as if to feel the texture.

Constantly looking under bedclothes for worms and small snakes.

Sings aloud and plays as if on piano, laughs loudly; the insanity is of a droll type rather than fierce.

When forced to sleep still makes gestures in her sleep as if she dreamed of the things she saw and grasped at them.

Involuntary normal stool; also urinates in bed unconsciously.

The patient was at once removed to a quiet place in the suburbs in charge of a competent nurse; enforced rest and tube feeding were adopted, the latter at first only once a day, later twice a day. Frequent changing and bathing were necessary on account of the involuntary urination.

The first remedy given was Stramonium cm. on the superficial indications; it served the purpose of moderating her delirium and clearing up the case so that the real curative remedy was promptly indicated. The nurse reported frequent and dangerous sinking spells; the patient constantly acted as if some foul smell were to be got rid of by sniffing and spitting, and though her ankles were firmly tied to the bed, she always succeeded in getting her feet out. She lay mostly on her back, drank water but refused food, saying it smelt bad. On the third day she was given a dose of Sulphur, which virtually saved her life and made considerable improvement in her condition for about a week, when it ceased and remained at a standstill for the next three weeks, during which time the case was eagerly watched for symptoms.

Patience was finally rewarded by the following group:

Slight noise awoke her early at night, and when awake would hear and notice distant sounds.

Blueness of finger and toe nails; obstinate constipation.

Add to these the lack of reaction and the previous abuse of morphia and the picture was complete for Opium, which was given in the cm. potency about the middle of June.

After this she improved steadily, and by the middle of July recognized who her physician was; but as she grew more sane she objected the more to the forced feeding, so about this time I told her plainly that if she would eat her food quietly the tube would not be put down her throat any more. She evidently understood, and told me at my next visit that she had had her supper. By August 1st she was removed to my own place in the country, and though far from sane was able to sit at table and eat like other people.

Now instead of refusing food her appetite was ravenous, especially for sweets; the involuntary urination continued, and the strong odor from her body. She was given a dose of Sulphur high on August 3d, and has steadily improved ever since. Remained in the country in charge of the nurse until October, and then returned to her home to resume her ordinary avocations. While to all intents and purposes entirely cured, I am satisfied that more remains to be done for the patient; the psoric taint is

still sufficiently active to cause severe menstrual colic accompanied by sick headache, nausea and vomiting. When the golden moment arrives she will need further antipsoric treatment, but meantime the last dose of Sulphur is holding her up splendidly.

This is in accordance with Hahnemann's teaching in section 223 of the *Organon* :

"But where the antipsoric treatment is discontinued, it is almost certain that a much slighter cause than that which excited the first appearance of insanity will suffice to bring on a fresh and more permanent attack of it, during which psora develops itself in a perfect manner, and it will then turn to a periodical or permanent mental alienation, which can with difficulty be cured by antipsorics."

Under allopathic treatment such cases frequently prove fatal in a few days, or when dismissed cured in a year's time usually re-turn to the asylum in two or three years with another attack.

Psoriasis.

J. C. WHITE, M. D., PORT CHESTER, N. Y.

Miss Sutherland, aged 24, light hair and eyes, complexion almost blonde, asked my advice for a cough, which called for Phosphorus, to which she responded nicely. This was in March, 1892. Again, in the following August, she complained of general debility, had been losing flesh and was quite anæmic. There were no objective symptoms to account for the reduced condition, nor could I ascertain any subjective symptoms until I incidentally noticed through a loosely buttoned sleeve a dry rash on the forearm. On further examination I found this rash to extend all over the body, < on the extremities. The rash was circular, dry and scaly, covering, at least, one-fourth of the surface of the body in patches, being from one-fourth to one-half inch in diameter. She had suffered with a dry skin from childhood, and the present rash had existed for years, although recently much aggravated. She received Sulphur and afterwards Psorinum without perceptible benefit.

The eruption so nearly represented that described under Hydrocotyle Asiatica that I concluded to try it. She received two doses daily of the 30th for two weeks or more. I did not see her again until four weeks after she had taken her medicine. I was surprised to find her seventy-five per cent. better. Medicine was omitted until improvement ceased, and again renewed in the same potency (which I do not usually do). The result was a clean, healthy skin. I have not prescribed for her since, although she told me this winter that she might require more medicine.

TYPHOID FEVER.

A case indifferently well, although successfully treated. In my experience this case best represents the potential value of the dilutions or potencies of the given remedy.

J. F., a child of four and a half years, was first seen by me on the evening of March 2d. The mother stated that the child had not been well of late, had complained of headache and had some fever the preceding evening and night. Temperature at this time 102° . Belladonna 200 was given during the next forty-eight hours without relief, the fever increasing each evening with a fall of temperature of two degrees each morning. Delirium a prominent symptom from the beginning, was increased to delusions of things and of people not present, eyes roving the ceiling and different parts of the room, efforts to get out of bed, considerable thirst, bowels constipated. Hyoscyamus and Stramonium 1m. were given successively during succeeding thirty-six hours without any relief; no sleep, but during drowsy moments constant quarreling with his playmates. Temperature $103\frac{1}{2}^{\circ}$ in evening, and 102° in morning. Bryonia 200 every two hours, morning of the 7th, fifth day of attendance. Was quieter during the day, slept some during the night. Temperature fell one degree. Bryonia 200 every three hours. Evening of March 8th temperature 103° ; delirium increased, some cough, which seemed painful. Bryonia 2m. every two hours while awake.

March 9th, morning; slept well during the night; some sweat; entire absence of delirium, temperature $99\frac{5}{10}^{\circ}$, and I thought my

patient convalescing; no medicine unless a return of symptoms. Temperature continued from 99° to 100° during the night and for forty-eight hours, when, on the evening of the 11th, in spite of Bryonia 2m., the temperature arose to 104° , increase of cough with pain and audible bronchial rales. Bryonia cm., three powders two hours apart, with > of symptoms from first dose; slept well and sweat profusely, temperature $1\frac{1}{2}^{\circ}$ below normal next morning, and continued so for three days without medicine. On the next day, or thirteenth day of attendance, there was a slight rise of temperature and increase of cough, for which he received Bryonia 200, one dose, and had a rapid recovery. Two to three pints of milk were taken each day.

DISCUSSION.

C. E. Alliaume, M. D.—The thought occurred to me that perhaps the milk that was fed to the patient might not have been digested properly and accumulated in the bowels accounted for the rise in temperature. I have had that happen in my experience two or three times. The fever and other signs or irritation went away as soon as I stopped the milk.

J. C. White, M. D.—It is true that you might get more fever, dry mouth, sordes on the teeth, and so on from a slight error in diet, but here he wanted more milk than he got, and seemed to digest it, for there was no diarrhœa.

A. E. Austin, M. D.—In Roosevelt Hospital they lost most of their cases when they changed from fluid to solid diet. I went to take charge of the cases; as the doctor remarked the milk was the cause of all the trouble, they were being fed large quantities of milk. I gave absolutely nothing but water for two weeks. One case I kept on water for six weeks, and they all did well.

Caroline Hastings, M. D.—I am much pleased to hear that last remark of Dr. Austin's. I have adopted the habit of giving absolutely no food except water in typhoid fever, when I have full control of the patient. Where I cannot fully effect this regulation I give as little food as possible, and I am sure that convalescence has progressed much more quickly than under the old method of feeding. The same applies to pneumonia.

A. E. Austin, M. D.—Of course when I made the change to no food, the old school attendants said they will all die. I found it the hardest matter to make them see the truth of it. I said you do not give your horse as much to eat when he is idle as you do when he is working. These patients, I explained, are lying in bed, they are doing nothing, moreover their digestive organs are weak, and they are unable to properly digest food. Why give it to them? Well, it worked out beautifully. The results were excellent when compared with others. If we talk to our patients and give a reason for what we do, I think we should have little trouble in having our instructions followed out.

C. B. Gilbert, M. D.—If you can get at the primary attacks and the symptoms the patient suffered with at that time, it makes it much easier to cure a chronic case. I had a case of congestion of the brain in an old lady, which was said to be very similar to an attack that she had had twenty years previously. At that time it was brought about by the use of quinine to suppress an attack of chills and fever. Natrum mur. cured her so that, although she was ninety years old, she enjoyed good health four or five years afterwards. It is a good thing to look up the previous illness of a chronic case.

Harriet Cobb, M. D.—I have always been undecided about the use of Calcarea carb. I never feel certain when to repeat it, or whether I should repeat it at all.

C. M. Boger, M. D.—I was asked that question less than two weeks ago. This remedy acts well for a time and then seems not to act at all. I referred the questioner to Hahnemann's preface to the proving of Calc. carb., where he says that it bears repetition badly in old people. The younger the patient the more frequently it can be repeated with good results. It is complementary to and often finishes up the action of Nitric acid.

The Homoeopathic Materia Medica.

EDWARD RUSHMORE, M. D., PLAINFIELD, N. J.

For Homœopathy the Materia Medica is the repertory of its resources; the development of the materia medica is therefore a

primary necessity to the development of the medicinal healing art. The truth of Homœopathy as the essential medicinal healing art is, for the purpose of these considerations, assumed, because it is as professed believers in, and practitioners of Homœopathy that we are looking at some aspects of its materia medica.

The grand, distinctive and practically available features of the homœopathic materia medica may be said to be formed by the great fact and truth of potentiation. Physically this may be only attenuation, but physiologically it is found to be dynamization for the purposes of effective therapeutics. On the one hand, attenuation converts the deadly poisons into the kindest healers; on the other, it reveals in the neutral substances of the external world and even in those of the human dietary a latent pathopoeisis, which places them among the most effective remedial agents known to medical science. We may therefore say that one characteristic feature of our materia medica is its fullness, and that this fullness is its peculiar property, because it has to so large extent grown out of the great scientific fact of dynamization.

The doctrine of dynamization is no evolution from the predilections of the human intellect, but a necessary conclusion in the presence of manifold and conterminous facts. The facts of physiology have no therapeutic doctrine for a basis; they are the demonstrable phenomena of life under given conditions; but interpreted by doctrine necessarily arising from their correlation they afford a rational basis for the consistent doctrine of Homœopathy, and they have for issue the precision of homœopathic therapeutics.

A peculiar and vital feature of the homœopathic materia medica is its record of the action of the mind and moral feelings under the influence of drugs. The toxic influence of a few substances on the mind was well known, but the noting of the effects of all substances on the action of the intellect and the emotions may be said to be another peculiar property of Homœopathy. The noting of these peculiarities of mind in the sick, and the selection of the remedy according to its similitude to the patient in these respects, is dwelt upon by Hahnemann as of chief importance to the success of the prescription; and every prescriber according to the

principles of Homœopathy must have had abundant opportunities to verify this doctrine. For disordered thought and feeling must ever be held to be within the domain of pathology. Immaterial as they are in their nature, they still are only manifest in and by the body, and they are cognizable only as objects of sensuous perception. Thought rises indeed to the conception of the supernatural and revelation utters the voice of God to man, but in order to become intelligible it must employ the language of time and sense. It must employ this language because all thought is here framed within those limitations. A sensuous imagery is a necessity to even the most exalted and spiritual conception.

Let the physical vehicle of thought become disordered and the thought itself goes wrong; its grasp of the sublime is only ludicrous, its apprehension of facts only partial, and therefore distorted. The doctrine of a physical basis for the various dysthymia and paraphroneses is therefore implied in the necessary conditions of thought. The moral or mental disturbance is the effective aspect of the psychical, the translation into intelligible terms of the factors of unknown value.

The nerve centers as the proximate source of vital phenomena are alike susceptible to the disturbing action of drug influence and of so-called natural disease. Hence Homœopathy is at home in the treatment of mental disorders by virtue of its knowledge of the disturbing forces of drugs. Its remedy being heterogeneous in origin and constitution, but homœopathic in action, the disturbance is converted into equilibrium, and that which was a similar in operation becomes a contrary in effect.

But it is not in the purely mental disorders that the mental symptoms of the homœopathic *materia medica* show the effective means of relief. An element of chief usefulness is the knowledge it gives of mental disturbances when other elements are more salient in the eye of the diagnostician. Often the decisive indication in the diagnosis of the remedy will be found in the mental state. There can be no valid *a priori* objection to the guidance by mental symptoms in the treatment of the sick. One vitality pervades alike the brain and the other organs, all of which are in reciprocal relation, but especially are the brain and nerve-cells cen-

tral, therefore radical and fundamental in the production of vital phenomena, and the mental symptoms, being in closest relation with the higher and controlling cells of the organism, may be regarded as their most direct, outspoken and intelligible utterance.

Many persons are inclined to regard with suspicion the symptoms of a prover if not corroborated by the experience of others. I believe many most valuable indications would be lost by the exclusion of such symptoms. The unequal susceptibility of various provers is well known. The highly sensitive person may be regarded as one who offers least resistance to the action of a drug. Theoretically can the symptoms produced in such persons be less trustworthy than in those of so strong resistance as to yield but the fewest results? So, whether the symptoms are the result of great or little resistance of the system, they should alike be retained to await the test of verification. Whether a symptom occurs alone in a proving or in connection with many others, if the proving has been carefully made we should assume the probability of its truth till its use upon the sick decides its worthiness to be retained.

The symptoms of sickness and of proving, as we have seen, represent therefore a personal no less than a nosological element, and it is often that which is personal that is alone distinctive and discriminating among a large array of generalities; and therefore symptoms of the body most remote from its actually suffering parts may surely point to that which is best to cure.

An Empirical Prescription.

A. W. VINCENT, M. D., UNION, OREGON.

In the early days of my practice, not so very long ago, I was called to see a patient just for appearances.

It was a case of meningitis that the great doctors from the city had pronounced hopeless; a waste of time and money for them to attend the case longer. But the parents could not sit by and do nothing; there was that young homœopath near by, he was something new, at least, and probably harmless.

I found a little girl of six or eight years, unconscious, and with just enough life left to roll the head constantly from side to side, and bore it backward into the pillow. That is about the only symptom I can recall, possibly because all I could see at the time.

I watched her silently for some time. I recalled what some one has said about meningitis: "If they die it is tubercular; if they live it is not." I then turned to the mother and asked a leading question concerning any history of consumption in the family. My answer was a flood of tears. Uncles, aunts, brothers and sisters had all gone, and this was the only one left, the last of the race.

I recalled all the remedies I could having such a symptom. I asked questions, and to the best of my ability tried to develop a picture of some remedy, but the picture was negative, and I was utterly at sea.

I gave one powder of Tuberculinum and went home and studied the case; but the best I could do was to formulate more questions.

Next morning the father reported that she had rested more quietly and seemed better. I gave no encouragement, but ordered the remedy continued.

I called later; the child did seem better. I called again, the child was better, and without change or repetition of remedy she completely recovered, and is a healthy child today.

In the Interests of Children.

The following resolution was unanimously adopted by the American Institute of Homeopathy at the meeting held in Boston, June 22 to 27, 1903:

Whereas, The employment of children interferes with their education, arrests their normal physical development, causes disease, frequently undermines their constitutions and leads to premature age and early death; it is therefore a menace to the public health and to the prosperity of the working people.

Therefore, be it *Resolved*, That we, members of the American Institute of Homeopathy in regular annual meeting assembled, hereby express it as our opinion that every State in the Union

should protect its children by stringent laws, prohibiting labor before the age of fourteen and restricting labor between the ages of fourteen and sixteen, and that the State laws should contain provisions to prevent their evasion, and that the compulsory educational laws should be made to strengthen and support the child labor laws.

Resolved, That it is the opinion of this body that in the near future the minimum age at which labor is permitted should be raised to fifteen years.

Resolved, That we urge all State and county medical societies to use their influence in favor of enlightened child labor legislation.

THE CONSTITUTIONALITY OF THE MASSACHUSETTS VACCINATION LAW TO BE TESTED.—The question of the constitutionality of the compulsory vaccination law will be tested in Washington, D. C., when the case of Heming Jacobson, of Cambridge, Mass., versus the Commonwealth of Massachusetts docketed in the United States Supreme Court on June 30th, comes up for trial.

VACCINATION BY-LAW ILLEGAL.—The city of Montreal, Can., recently brought an action against a life insurance company for allowing an employe to frequent the office without a certificate of vaccination. A judgment was rendered by Recorder Weir in favor of the defendants, which holds that the vaccination by-law is illegal, in so far as it tends to prevent an employer from allowing his employes to enter any office or factory without holding a certificate of vaccination.

The Medical Advance

AND

Journal of Homeopathics.

A Monthly Journal of Hahnemannian Homeopathy

When we have to do with an art whose end is the saving of human life any neglect to make ourselves thoroughly masters of it becomes a crime.—
HAHNEMANN.

Subscription - - - - Two Dollars Per Annum

The editor is responsible for the dignity and courtesy of the magazine, but not for the opinions of contributors.

The Advance does not send sample copies unless asked for, and has no free list. It is published for the medical profession in the interests of a purer homeopathy, of scientific therapeutics.

To accommodate both reader and publisher this journal will be sent until arrears are paid and it is ordered discontinued.

Contributions, Exchanges, Books for Review and all Communications should be addressed to the Editor, 5142 Washington Avenue, Chicago.

Communications regarding Subscriptions and Advertisements should be sent to Lancaster, Pa., or 5142 Washington Ave., Chicago.

NOVEMBER, 1903.

What Would Hahnemann Teach and Practice Were He in the Field Today?

This question, entirely useless as we look at it, has been the source of more or less speculation recently among those of his professed followers who apparently have become enthusiastic over the modern discoveries in bacteriology and pathology. They are either in doubt: of their own position or of the ground upon which Hahnemann founded the science of therapeutics; whether similia is a natural law in therapeutics or merely a mode of practice; or what effect the germ theory of disease is destined to play in the so-called science of medicine and whether it would not be wise in view of the claims made for it to incorporate it with Homeopathy. Would Hahnemann, were he here today, promptly accept the bacillus as the cause of tuberculosis or embrace serum-therapy, especially the use of antitoxin in diphtheria, because, for-

sooth, both in theory and practice it has been adopted by our allopathic colleagues?

After graduating in a shool of empiricism—all there was in his student days—and vainly attempting to put its empirical precepts into successful practice, is it conceivable that a man of Hahnemann's ability and learning would now embrace serum-therapy and other useless empirical abominations simply because the dominant school has nothing better to offer?

After discovering a natural law in therapeutics and spending many of the best years of his life in developing a materia medica from drug provings on the healthy by which it could be applied in the cure of the sick, is it likely that such a man would renounce the labors of a lifetime and return to the polypharmacy which he had abandoned in disgust?

After demonstrating that the only way to ascertain the curative powers of drugs was by testing them on the healthy—a single drug or remedy at a time—and after demonstrating that “in no case is it requisite to administer more than one single, simple medicinal substance at a time,” would he now return to the use of crude, dangerous and untested agents, combination tablets, anti-toxin for diphtheria, quinine for malaria, morphine for pain and cathartics for constipation without any rule, rhyme or reason? Is it conceivable?

Educated in the materialistic school it was no doubt as difficult for him as it has been for many of his followers to believe that disease was not an entity. And yet he founded his therapeutics on dynamics in broad contradistinction to the prevailing theories both of his own times and the present day. He says:

In the healthy condition of man, the spiritual vital force, the dynamis that animates the material body, rules with unbounded sway and retains all parts of the body in harmony, health. * * *

The material organism without the vital force is capable of no sensation, no function, no self-preservation. * * *

When a person falls ill it is only this spiritual, self-acting vital force, everywhere present in the body, that is primarily deranged by the dynamic influence upon it of a morbid agent inimical to life. * * *

It is the morbidly affected vital force alone that produces diseases, so that the morbid phenomena, the symptoms, reveal the whole disease.

Therefore, disease considered, as it is by the allopathists, as a thing separate from the living whole, * * * be it of ever so subtle a character, is an absurdity, that can only be imagined by minds of a materialistic stamp, and has for thousands of years given to the prevailing system of medicine all those pernicious impulses that have made it a truly mischievous art.

But why should he return to the flesh pots of Egypt when the leaders of the dominant school are now corroborating Hahnemann's dynamic theory, the distinctive feature of Homeopathy? The *London Lancet* of February 24, 1900, says:

Until fifty or sixty years ago, disease was regarded as an entity distinct from the body, to be expelled from it by drugs like a tapeworm, whereas we now regard it as a state affecting the entire man, body and mind, structure and function, so that it would be more correct to say that he is the disease than that he has got it.

Dr. Osler, on Medicine, in the New York *Sun's* series on the Nineteenth Century's Progress, says: Naturally, when the entire conception of the disease was changed, there came a corresponding change in our therapeutics.

Sir Andrew Clark, in 1883, explicitly corroborates Hahnemann's teaching: For disease, in its primary condition and intimate nature, is in strict language dynamic; it precedes, underlies, evolves, determines, embraces, transcends and rules the anatomical state.

Notwithstanding all this, our colleagues of other schools have not, except in a few instances, adapted their practice to their theory. The germ theory is almost universally accepted, and the "anti" disease is as universally prescribed for. "Treat the disease," is the acclaim, Would Hahnemann do it were he here to-day? No! he was not that kind of a man, nor that kind of a homeopath. He did not then and he would not now think the best and only way to improve homeopathic therapeutics would be to adopt antipathic methods. Here is a specimen of his opinion on this very question:

It is impossible that there can be another true, best method of curing dynamic diseases (*i. e.*, all diseases not strictly surgical) besides Homeopathy, just as it is impossible to draw more than one straight line betwixt two given points. He who imagines that there are other modes of curing diseases besides it could not have appreciated Homeopathy fundamentally nor practiced it with sufficient care, nor could he ever have seen

or read cases of properly performed homeopathic cures; nor, on the other hand, could he have discerned the baselessness of all allopathic modes of treating diseases and their bad or even dreadful effects, if with lax indifference he places the only true healing art on an equality with those hurtful methods of treatment, or alleges the latter to be auxiliaries to Homeopathy which it could not do without! My true conscientious followers, the pure homeopaths, with their successful treatment, might teach these persons better.

Hahnemann was recognized as the ablest chemist of his time, and he used his knowledge of chemistry to great advantage in building the *Materia Medica Pura*. In toxicology and diagnosis he had few equals and no medical superiors, if we may judge from the physical examination of Mr. J. B. Young, in which he says Hahnemann used the stethoscope and made a much more thorough examination than Sir Andrew Clark. This proves that he was fully abreast of the times in everything that pertained to the examination of his patients, and no doubt would be were he here to-day. In section 5 of the *Organon* he says:

Useful to the physician in assisting him to cure are the particulars of the most probable *exciting cause* of the acute disease, as also the most significant points in the whole history of the chronic disease, to enable him to discover its *fundamental cause*, which is generally due to a chronic miasm. In these investigations the ascertainable physical constitution of the patient (when the disease is chronic), his moral and physical character, mode of living and habits, his social and domestic relations, his age, sexual functions, etc., are to be taken into consideration.

Thus we see that Hahnemann advises a most thorough and complete physical, mental, individual and social examination or investigation, using every appliance known to science. In addition he instructs us to search for the "fundamental cause," the miasm or dyscrasia in the family history. Read chapter VIII. of the *Organon*, sections 83 to 105 inclusive, with footnotes, where will be found the most minute instructions for the examination of the sick to be had in medical literature, although it is nearly a hundred years old. Can there be a reasonable doubt, when it is conceded by all that Hahnemann was one hundred years in advance of his times, that he would not now be abreast of his colleagues in the use of the microscope and every known method of diagnosis. But

he would not, like some of our liberal (?) homeopaths, use his diagnosis without reference to the symptoms as the basis for selecting the remedy. As Hahnemann was the first in the history of medicine to require a written anamnesis as the basis of a prescription, it is not conceivable that he would, were he in the field today, return to the careless haphazard methods at present in vogue by the majority of homeopaths.

Hahnemann was the first physician to recommend a careful anamnesis of the individual symptoms of the patient, committed to writing. Upon this taking of the case he attaches great weight and rightly, too, for it is the distinctive feature between the Hahnemannian and the homeopath. The former, following Hahnemann's instructions, *knows why* and *for what* he prescribes; the latter using the so-called scientific methods of the dominant school, merely *guesses* at it. Were Hahnemann in practice today he would be 100 years in advance of the liberal homeopath as he was when in Paris in 1840, with the largest and most lucrative practice in Europe. It pays to have and to adhere to a principle now as it did then.

The Scientific Proving of Drugs Essential.

A reproving of our drugs is absolutely necessary, but according to the latest scientific principles the chemist, the microscopist, the X-ray, the blood tests, all should play their part in the proving of every drug. As provers we should have students of medicine, or physicians of both sexes, above the average in intelligence and sound mind and body. They should devote their entire time to this work and be paid for it, and some one in charge who has had a thorough training in scientific research. Every organ in which symptoms develop should undergo a thorough daily examination by competent diagnosticians. An endowed institution devoted entirely to this purpose would accomplish more in a few years time than all the homeopathic medical schools, societies or individual efforts combined.—*The Chironian*.

The first provings made by Hahnemann and his co-workers were for a purpose, the obtaining of a knowledge of the curative action of our remedial agents; a working armamentarium for the application of similia; the symptomatology of a *Materia Medica*

with which to heal the sick; the highest aim and purest motives of which man can conceive. He had but a few faithful friends and colleagues to help him, and no money to pay provers, hence the burden fell on his own shoulders. The result of their labors was the *Materia Media Pura* and *Chronic Diseases*, in which are to be found the pure pathogenesis of many of our polychrest remedies—not pure in the sense that they are free from errors but free from theories—and these symptoms have so often been verified and confirmed in the cure of the sick that skepticism has been vanquished. Could paid provers have done as well?

These early efforts, crude and imperfect as many now think them—viewed in the light of modern scientific pathogenesis—have withstood the criticism of both scientist and unbeliever of every school of medical thought and practice during this “wonderful century” of progress in the science of therapeutics, and have become more and more valuable with each cycle of clinical experience. Hahnemann’s *Materia Medica Pura* has been assailed with ridicule by homeopath and allopath alike; yet every assault has only served to burnish its armor of truth and verify its scientific accuracy. Dr. Watzke and his colleagues, the Austrian provers, honestly attempted to disprove Hahnemann’s pathogenesis of *Natrum muriaticum*; but years of labor earnestly devoted to the work not only ended in confirming and verifying his symptom record but in adding many valuable facts to our therapeutic knowledge of the drug.

The chief objections of pseudo-scientists to our *Materia Medica* as left us by Hahnemann, Hering and their colleagues are:

The provings have not been pushed to the toxic limits of the drug, so as to produce organic lesions, pathology, disease products; the microscope, the X-ray, the blood tests and laboratory analyses have not been used.

The language in which the symptom is expressed is not scientific.

For these and similar objections the true followers of Hahnemann will never cease to be thankful that he gave us a symptomatology founded on nature, not science. Had the scientific language been that of a century ago, how many changes ere now would have been required to keep pace with the kaleidoscope of modern

medical science? Every decade, at least, would have seen a revision, just as we see it in the scientific (?) *materia medica* of the other school.

Again, a prover, voluntary or paid, cannot be expected to test a drug, either crude or potentized, until it cause organic lesion; and in homeopathic practice it would be practically useless if he or she did, for it is the patient not the disease for which we prescribe. The fact that some of the symptoms of Aconite, Arsenic, Conium, Nux, Opium, Plumbum, etc., have been obtained from lethal doses, adds not one iota to our therapeutic knowledge or our ability to use them more accurately or scientifically in the cure of the sick. Alumina, Graphites, Pulsatilla, Sepia, Silicea, Sulphur, Thuja are just as easily selected and are just as effective in bedside cure-work, and they have no such pathology to aid us. In fact, Pulsatilla is one of the best proved remedies in the *materia medica*, and one of the most frequently called for in practice, yet has not a lethal symptom in its pathogenesis. The attempt to to make our *materia medica* more scientific—from the science view-point of the dominant school—to have reprovings of our remedies made under “scientific tests” is only an attempt to de-grade it to the level of allopathy. We shall then require new provings with every new discovery (?) in science and shall be ready to amalgamate in the near future.

As a rule, the homeopathic specialists in diseases of the eye and ear do not appear to be able to successfully apply our *materia medica* in their work so as to meet their expectations. And this is true to a large extent with all specialists in our school. But it is not the fault of the *materia medica*. Patients have eyes that have cataracts on the lens, and these can be cured or greatly relieved by treating the patient, not the cataract. A reproving of the *materia medica* under scientific supervision, will not aid them. They must use the *materia medica* homeopathically, not physiologically or pathologically; it is not built that way.

COMMENT AND CRITICISM.

A Centre Shot: The Single Dose.

JANE G. GOSS, M. D., SAN DIEGO, CAL.

Editor ADVANCE:

The single dose of Phosphorus, one millionth, which you gave me twelve years ago, still holds good, and keeps my stomach in good condition and myself ever grateful. Some time before this I had taken a glass of ice water when much over-heated, and consulted several physicians during the six months prior to my calling upon you, Dr. William Owen, of Cincinnati, and Dr. R. Ludlam, of Chicago, being among the number. Both of these able men and good physicians, as well as others, diagnosed it cancer of stomach, and I said after they had given me no hope, that if I could find a homeopath who never prescribed for his diagnosis but treated the patient I would surely get relief from him. My son-in-law, Dr. B. R. Johnston, recommended you and I gave you the following conditions:

Emaciation; loss of 55 pounds in six months. Vomiting ten to forty times a day.

Intense thirst, but the least sip of water caused severe pain; ejected by vomiting.

Little or no nausea.

Sudden vomiting, with great force; sometimes of food; again bile; frequently flecks of blood.

You requested me to return in a week, and in the meantime note the time or circumstances of aggravation or amelioration of symptoms. The only additional symptom of value was:

Vomiting when I turned on the left side.

You still requested another week to be certain, when you gave me one dose of Phosphorus 1M. Within the day I began to improve; the thirst and vomiting decreased daily, and inside of three weeks I felt as well as usual, could eat and drink anything I wished, but never regained my weight until I came to California in 1893. The single dose did the work.

COMMENTS. This case presented all the ear marks of cancer of pylorus, and as good diagnosticians as Drs. Ludlam and Owens did not hesitate to pronounce it cancer with little hope of relief, to say nothing of cure. On the face as given above it seems a clear case for Phosphorus; but it required much time and work to eliminate the cloud of symptoms which obscured the picture and clear up the case. Had this patient not been a physician and to a certain extent familiar with my methods, at the two first office visits she would have received placebo while the symptoms were allowed to develop or clear up. The simple diagnosis of cancer, however accurate, should not prevent us from taking a careful anamnesis and giving the similimum. Many a case has been cured in this way and a life saved. The scalpel of the surgeon generally hastens what we are trying to prevent.

Succussion in Potentiation.

Editors MEDICAL ADVANCE:

Please permit me to take up the challenge of Dr. King as found on p. 551 of your October number.

If Dr. King will refer to footnote to p. 270 of the Organon, he will find the following:

"In order to maintain a fixed and measured standard for developing the power of liquid medicines, multiplied experience and careful observation have led me to adopt two succussions for each phial, in preference to the greater number formerly employed (by which the medicines were too highly potentized). There are, however, homeopaths who carry about with them on their visits to patients the homeopathic medicines in the fluid state, and who yet assert that they do not become more highly potentized in the course of time, but they thereby show their want of ability to observe correctly. I dissolved a grain of soda in half an ounce of water, mixed with alcohol, in a phial, which was thereby filled two-thirds full, and shook this solution continuously for half an hour, and this fluid was in potency and energy equal to the thirtieth development of power."

Again, in "Lesser Writings," p. 766: "The supposition . . .

that dry globules that have been impregnated with a certain degree of development of power can be further dynamized, and their medicinal power increased in their bottles by shaking, or carrying about in the pocket, like medicinal fluids further shaken, is not borne out by any fact, and will appear to me incredible until it is supported by proper experimental proofs."

Very truly yours,

GEO. H. CLARK.

116 West Walnut Lane, Germantown, Philadelphia.

Cure of Hay Fever.

Editor MEDICAL ADVANCE:

You will doubtless remember that at the Cleveland (1902) meeting of the American Institute of Homeopathy I described to you my case of hay fever, and expressed my gratitude to you for your curative prescription ten years before; and that you promised to tell me the remedy you gave if I would relate my case for the ADVANCE. In order to learn the remedy, and possibly help some one else, I give my symptoms, as near as I can remember, since at that time I was not a physician, and thought I merely had an obstinate cold.

In 1892 I was in business in Chicago, residing in Hyde Park. For several years previous I had been the victim of a group of symptoms that made their appearance regularly the first part of August, and lasted several weeks. I was afflicted with severe paroxysms of sneezing (sneezing from five to fifteen times in succession); a thin, watery, profuse discharge from the nose (whether acrid or excoriating I do not now recall); considerable watering and running from eyes, and more or less itching of eyes and nose.

All of these symptoms were worse in the morning, so that I carried five or six handkerchiefs with me every morning, and usually saturated them all before the symptoms quieted down at 10 or 11 A. M.

In August or September, 1892, I related my case to you and received five sugar powders—one to be taken dry each evening at

bedtime. Before I had finished them my symptoms had disappeared, and I did not know till I studied medicine later that I had had, and had been cured of, a serious case of hay fever.

In August, 1896, I had a slight return of my old symptoms, but they passed off in a few days without medicine. I felt, however, that I was liable to have a return of my old trouble, so during the entire year following. I studied carefully all the drugs having symptoms similar to mine. Long before August, 1897, I had decided that *Allium cepa* (the common onion) was the remedy most suited to my case. Sure enough, about the tenth of August, 1897, I had a return of the old symptoms worse than in 1896. On the 18th of August, I came to Muncie, Indiana, from Chicago, and for five or six days did nothing to make sure it was hay fever. Being thoroughly convinced of this, and also on further perusal that *Allium cepa* was the indicated remedy, I took one dose of the 1m potency, and never since then have I been troubled with any of the symptoms.

I might add that I am very susceptible to medicine.

Only those who have suffered from hay fever can know my gratitude at having escaped the yearly visit of such an enemy; and the only means of escape, I believe, is pure Homeopathy.

Sincerely yours,

Muncie, Ind.

H. H. BAKER, M. D.

COMMENTS. By reference to the records of the case *Psorinum* 42m. was the remedy.

Our Advertising Pages.

New York, October 22, 1903.

Editor MEDICAL ADVANCE:

Dear Dr.—The Bovinine Co. have been advertisers in your publication for many years, and during that time I do not know that any original article on their preparation by yourself, or one of your collaborators, has ever been published.

Feeling assured that an article prepared by one of your staff on any of the diseases or surgical conditions in which Bovinine is valuable would be of much interest to your subscribers, and of great value to the advertiser, I write to ask if you will not extend such courtesy, and give the matter gratuitous insertion in your editorial or body pages in as early an issue

this year as possible. Frequent reference to or repetition of "Bovinine" in said article is not expected or desired.

Assuring you of the sincere appreciation of both my clients and myself of any favorable response on your part, I remain,

Very truly yours,

H. G. ELLIOTT.

COMMENT. We dislike very much to refuse such a request, but the pages of the MEDICAL ADVANCE are not ours, they belong to our readers or subscribers who pay for them and for whom they are written. The advertising pages are for our advertisers who pay for the space they receive. We must be just before we are generous, and however generous we may feel we cannot, in justice to our readers, convert the pages of the MEDICAL ADVANCE into an advertising medium.

A Prize Essay.

The Association of Military Surgeons offers a prize essay on "The Relation of the Medical Department to the Health of Armies." The first prize is a gold medal, value \$100.00; the second, a life membership in the Association of the value of \$50.00. The following are the:

CONDITIONS OF THE COMPETITION.

1. Competition is open to all persons eligible to Active or Associate Membership in the Association of Military Surgeons of the United States.
2. The prize will be awarded upon the recommendation of a Board of Award selected by the Executive Committee. The Board will determine upon the essay to which the prize shall be awarded, and will also recommend such of the other papers submitted, as it may see fit for honorable mention, the author of the first of which shall receive a life membership in the Association.
3. In fixing the precedence of the essays submitted, the Board will take into consideration—primarily—originality, comprehensiveness and the practicability and utility of the opinions advanced, and—secondarily—literary character.
4. Essays will consist of not less than ten thousand, nor more than twelve thousand words, exclusive of tables.
5. Each competitor will send three typewritten copies of his essay in a sealed envelope to the Secretary of the Association, so as to reach that of-

ficer at least one month before the next ensuing annual meeting, in the present case on or before September 10, 1904.

6. The essay shall contain nothing to indicate the identity of the author. Each one, however, will be authenticated by a nom de plume, a copy of which shall, at the same time as the essay, be transmitted to the Secretary in a sealed envelope together with the author's name, rank and address.

7. The envelope containing the name of the successful competitor will be publicly opened at the next succeeding annual meeting of the Association, and the prize thereupon awarded.

8. The successful essay becomes the property of the Association of Military Surgeons of the United States, and will appear in its publications.

Board of Award, 1904.—Lieutenant Colonel J. S. Billings, U. S. Army; Brevet Brigadier General, G. R. Fowler, New York; Surgeon Henry Gustav Beyer, U. S. Navy; James E. Pilcher, Secretary, Carlisle, Penna.

COMMENT. Efforts of this character are to be commended, but, unfortunately, they are so surrounded with prejudice that the men most capable of furnishing a practical essay are prohibited from competing. This is one of the contests in which no homeopath need compete, because it is a foregone conclusion that however meritorious the essay or valuable the suggestions of the essayist, the simple fact that he is a homeopathic physician would militate against his success and deprive the Association of the benefit of his suggestions.

Mercurial Amalgams.

"At the recent meeting of the National Dental Association at Asheville, N. C., it was—

Resolved, That it is the desire of the National Dental Association that each medical college in the United States should include in its curriculum a lectureship on Oral Hygiene, Prophylaxis and Dental Pathology.

COMMENT. We are gratified to learn that an effort has been made in the direction of hygiene and prophylaxis in the prevention of caries of the teeth. There is, perhaps, no step that the Association could have taken that would produce better results and prevent many diseases of teeth, and we suggest that one of the first steps in prophylaxis taken by the Dental Association on the prevention of diseases of the teeth and mouth be a total prohibition of the use of amalgam fillings in dental practice. No

single advance could be taken that will so certainly produce good results as the abolition of this almost universal and injurious custom of using mercurial amalgam fillings in dental practice. Charity begins at home, and if the members of the National Dental Association will use some other material the health of their patients will be materially improved. Why should a child be subject to chronic mercurialization, with all the misery which that implies, because amalgam filling is easy of application and does not harm the dentist? Many cases of deafness have been cured by simply removing these mercurial fillings and antidoting the effects of the drug; and many diseases of the nose and throat eradicated by the same mode of treatment. Let the Association consider this question seriously. There is one college at least which is warning its graduates against this thoughtless and dangerous practice.

New Publications.

CONSTITUTIONAL THERAPEUTICS. "The patient; not the disease."

By A. W. Woodward, M. D. For twenty-five years a teacher of Materia Medica and Clinical Therapeutics in the Chicago Homeopathic Medical College. 557 pages. Linen, \$3.50. Postage, 25 cents. Philadelphia. Boericke & Tafel. 1903.

"This volume is dedicated to physicians who believe that a scientific therapeutics is attainable, but are willing to make a new study of pathology and the physiological action of drugs as conditions essential to that end."

The keystone to the work is found on the title page: "Constitutional Therapeutics; the Patient Not the Disease." The sequence of symptoms both as presented in the diseased individual and in the pathogenetic effects of the medicine. This is, perhaps, the first real attempt and the best illustration of this method of prescribing that has appeared in our school of practice. Whether it demonstrates that the "sequence of symptoms" method is scientific is yet sub judice.

The first part of the work, one hundred pages, is devoted to pathology and systemic physiology. The remaining portion of the book to constitutional therapeutics. The individual indications

for remedies are embraced in the following; the physiological effects, the analysis and the therapeutics.

The author's attempt to interpret and apply the law of similars is, to a certain extent, original. Symptoms are interpreted to indicate a disturbance of functions, and the bodily functions are divided as follows: General nutrition, respiration, circulation, excretion, reproduction, motion, sensation and general intelligence. Now, in diseased conditions he claims that these functions are consecutively disturbed one after another, and that drugs also disturb the bodily functions in a similar manner and always in a certain consecutive order. The remedy is selected for the individual in whom the development of the diseased processes involves the same bodily functions in the same or similar consecutive order as the drug action. This he attempts to apply to the patient's clinical history as modified by pre-existing diseased conditions, with certain exceptions. Thus the indications, so to speak, for a drug are found in the patient's clinical individuality; in other words, the consecutive order of action constitutes to the author the genius of the drug, that, is, its individuality.

The author claims that morbid symptoms are the product of a derangement of two or more organs or functions, and disease is generally manifested by a group of morbid symptoms. The analysis of a case requires not only that a diagnosis shall be made, but that all the functions in the body thereby shall be recognized. To do this necessitates the adoption of a uniform plan by which the best array of symptoms which arise in various diseases may be classified and assigned to their respective organs and functions.

"There are several impediments to such a methodical arrangement. One is found in the custom of ascribing reflex symptoms to other sources, for example, vertigo in one person is indicative of cerebral disturbance, in another it means ocular or auditory derangement, in another it signifies gastric or cardiac disorder. Headache in one case is a sign of brain disease, in another it means nervous excitations, while in other instances it is a symptom of gastric, cardiac, spinal, uterine irritation or perhaps toxemia.

In this explanation of symptoms the author differs from Hahne-

mann's exposition of Homeopathy. Hahnemann says that disease is a derangement of the vital force, and that the symptom totality of the patient alone is the guide for the selection of the remedy. Whether the headache arises from a disease of the brain, stomach, heart or spinal cord it matters little, the totality of symptoms is the only safe and certain guide. In this position we must stand by the teachings of Hahnemann irrespective of the sequence of symptoms in disease or in the remedy.

On page 81 the author says: "Doubtless Hahnemann was right when he taught that the remedy must meet the totality of symptoms, but with our present knowledge this is impossible, except by the aid of repertories."

"While it is true that these lead to successful results in many cases, it must be conceded that repertories are not practical, neither are they scientific. The same may be said of placing dependence upon the singular, peculiar, uncommon symptoms; while it sometimes leads to brilliant results, they are exceptional. To base a scientific doctrine upon such foundations is puerile; the homeopathic cause will not be generally adopted until its mode of application has a broader and more rational basis."

"The choice of a remedy then for a given case is largely empirical in both schools of practice, and it must remain so until we learn the individuality of each drug and its influence upon all parts of the economy."

"What is meant by the individuality of a drug? It means those characteristics of its actions upon the healthy subject which distinguish it from every other remedy. It means a train of physiological disturbance which is alike in the majority of provers, and, later, a group of physiological derangements corresponding thereto which is back of this."

With all due deference to the author and the sequence of symptoms theory, the symptomatology of the materia medica cannot be successfully and accurately applied without a repertory.

The Cyclopedia of Drug Pathogenesis thus far is the only Materia Medica in our school that has made an attempt to follow the sequence of symptoms in drug proving. It is without doubt

the best homeopathic work on toxicology that was ever written, but is almost a complete failure in practice.

This work of Dr. Woodward is another attempt to apply the sequence of symptoms theory in general practice. The difficulty that will meet the homeopath will be the interpretation of symptoms in the development of diseased processes; how it affects, or in what way it may affect the bodily functions in the same consecutive order is a very difficult problem. The author has for many years been a teacher of *Materia Medica* in this city, and he apparently was very successful in the application of his theory. We have conversed with many of his students and we have never found one who could successfully apply his teachings in practice, and we fear that this honest attempt of an honest man will prove an utter failure for this very reason. Homeopathy is not built on the sequence of symptoms plan. It has a deeper significance, a more profound and universal application in the healing art; and the symptom totality of Hahnemann is our only safe guide.

CONSUMPTION; HOW TO PREVENT IT AND HOW TO LIVE WITH IT. Its Nature, Causes, Prevention, and the Mode of Life, Climate, Exercise, Food and Clothing Necessary for its Cure. By N. S. Davis, Jr., A. M., M. D. 12mo., 143 pages. Extra cloth. Price, net, 75 cents. F. A. Davis Co., Philadelphia.

This practical hand-book on the care of the consumptive originated in a series of hygienic rules prepared for patients, with brief explanations of the effect of their execution. From these rules the volume has naturally grown. The nature and means of preventing predisposition and infection with the hygiene and treatment are concisely explained. Pure air, out-door life and physical and mental hygiene are among the chief prerequisites. The contracted lungs and chest must be corrected and the laws of hygiene obeyed ere the disease can be delayed, prevented or cured. The dietary rules are well arranged and very practical, and will be found to cover the majority of cases. Little dependence is placed on remedial agents, and few remedies are mentioned in a therapeutic line.

DISORDERS OF METABOLISM AND NUTRITION. By Dr. Carl von Noorden. New York: E. B. Treat & Company. 1903.

This is the fourth volume of the series on the disorders of metabolism, and deals with the autointoxication of the acid products. The author lays particular stress upon the numerous forms of self-poisoning; that the acid forms are among the gravest of them, and that these perversions result in excessive production of oxybutyric acid which with diacetic acid and acetone so greatly endanger diabetics. The therapeutics consist chiefly in dietetics to regulate acid conditions or by chemical means to antidote its excess. To be able to recognize the condition and promptly apply the requisite change of food may be learned by a study of this series of works.

News Notes and Items.

Dr. O. B. Blackman, Dixon, Ill., has recently secured about two tons of homeopathic journals, comprising almost all that have been published, and is in the position to supply many of our readers with back numbers of almost any homeopathic journal, if they should need them to complete volumes for binding.

Dr. James Searson, 27 Harley street, London, is making a short tour of inspection of American colleges and hospitals, under the auspices of the British Homeopathic Association. We sincerely trust that his report will be of such a favorable character that as a result a homeopathic college will be established in London.

Dr. C. E. Johnston, of Sherman, Texas, and the Board of Education are trying to harmonize their different views on the subject of vaccination. An epidemic of small-pox has appeared in the city. The Board of Education required general vaccination, to which many of the citizens were opposed. Finally a compromise was effected and the following passed:

Resolved, That any vaccination in the arm that will be acceptable to the City Health Officer will be recognized by the Board. Dr. Johnston will now have an opportunity of demonstrating the new methods of prophylaxis.

Dr. William Maclay Lyon, of Kansas City, Mo., was married to Miss Alice Maude Barnby on Wednesday evening, November the 11th. Congratulations are extended by the ADVANCE.

The Adirondack Sanitarium for Tubercular patients is meeting with a grand success. Dr. J. H. Hallock, of Saranac Lake, N. Y., says: Eight years experience with lung patients in the Adirondacks has convinced me that no better all the year round climate can be found in the world, and this within two hundred miles of New York City. Our village is located in the heart of the Adirondack mountains, and every breeze blows over a hundred miles of solid forest.

Our drainage is complete. We are sheltered from hard winds by surrounding mountain peaks. We obtain as good or better results in winter. Our cures of lung patients equal those of any climate, no matter how distant.

The *Daily Medical Journal*, owing to delay in securing European correspondents, will be published January 1, 1904. We need a physician as staff correspondent in every town in Illinois to supply us with scientific, social, institutional and personal news, and will pay regular newspaper rates for this service. Instructions, stationery and badge free. Address, Mr. J. Antonowvitsch, 154 East 72d street, New York City.

At the recent meeting of the American Public Health Association held at Washinton, the committee on vital statistics reported that effective co-operation had been instituted between that Association, the Conference of State Boards of Health, the American Medical Association, the United States Census Bureau and the United States Public Health and Marine Hospital Service for the improvement of the vital statistics of this country. Among the objects sought are the extension of adequate methods of registration, the use of uniform and comparable tables and rates in bulletins and reports, and the improvement of the international classification of causes of death.

The Medical Advance

... AND ...

Journal of Homeopathics.

VOL. VLI.

CHICAGO, DECEMBER, 1903.

No. 12.

The President's Address.

BY E. B. NASH, M. D., CORTLAND, N. Y.

Members of the International Hahnemannian Association:

As President of this body I feel it a privilege to welcome you to Boston on such an occasion, and it is fitting that we should call to mind the greatness of this one of the pioneer States and Capitals of our great Republic.

Having a history of introducing the first protests against foreign tyranny and oppression, and the shedding of blood at Lexington and Bunker Hill in vindication of rights denied, which culminated in making us a free nation, now stretching over broad areas from the Atlantic to the Pacific and from the Great Lakes to the Gulf of Mexico; having given us two Presidents, and in the realm of statesmanship, either by birth or great life work, such names as Franklin, Webster, Sumner and Everett; in poetry, Holmes, Whittier, Thoreau; in divines, Brooks and Hale; in letters, invention and reform the names of Garrison. Emerson, Hawthorne, Morse and others that might be added to this galaxy, I say with such a history, Massachusetts and its capital stands among the foremost of all the States, and is well worthy a pilgrimage annually from all parts of our country to do her honor.

Again we welcome you to the twenty-fourth annual session of this body, and we thank you that it is our pleasant duty to do so. The end for which we labor, and the success we have attained for

this almost quarter of a century, viz., the defense and promulgation of the Homœopathy of Hahnemann, is ground sufficient for congratulation and encouragement.

To be sure we have not brought all men to our way of thinking, but we have helped to place Homœopathy in a position where it is the peer of so-called regular medicine in the eye of the law, and in the confidence of the public we are doing more. We are banded together in a determined effort to oppose all innovations and errors which are ever creeping into medical science.

All great reforms, religious, political and medical, have met most determined opposition at the beginning, and often have to pass through struggles of years' duration to establish their claim to general acceptance. It is just here we feel the force of the lines—

"Truth would you teach and save a sinking land,
All fear, none aid you, and few understand."

Still the battle must go on. Truth against error, and right against wrong, and the world will be the better for it.

It would be waste of your valuable time to further rehearse our doings, and I hasten to call your attention to two propositions which shall occupy mainly the rest of this paper.

1st. Some have, outside the International Hahnemannian Association, proposed that we disband entirely and go back to the American Institute of Homœopathy, thereby increasing their strength so as to secure better legislation for Homœopathy in general. If the American Institute of Homœopathy were more loyal to the Homœopathy taught by Hahnemann this might be advisable. But on account of innovations and departures already existing, and a disposition to more of the same kind, I believe it would be disastrous to our cause to do so, and especially dangerous is such a course when we face the fact that already there is an effort towards a union of the two great schools of medicine.

As I said in the New York State Society of last fall, in discussing a paper there, "We ought to be very careful how we take steps in the direction of the amalgamation of truth and error."

We have stood for a hundred years against the most unreasonable persecutions, and fought for principles that we knew to be

true, until we are the peers of all other schools in the eye of the law and the confidence of the public. The law of cure promulgated by Hahnemann has stood the test, and we are not driven every decade to resort to some system of microbe-killing or serotherapy.

The only law of cure ever discovered that stands today as it did a hundred years ago is that represented in the formula *similia similibus curantur*.

We are its sole custodians; not that every one has not the legal right to avail himself or herself of its beneficent possibilities, but that no one has a moral right to do so without open acknowledgment of its truth.

We follow in the steps of Hahnemann, Hering, Raue, Lippe, Joslyn, Dunham, Bayard and Wells, gone to their rewards. They, with our Helmuths, Allens and Descheres of later times, have placed our school in a position where it has, does, must and will command the respect and recognition of the people in spite of all possible opposition.

Now, if the old school, or as they delight to style themselves (as a reflection upon us) the regular (?) school, have come so far as to invite us to their society meetings, *allowing* (mark the word) us to retain our name, etc., we ought to hail it as a forward movement on their part and accept the invitation. Yes, and return the compliment. But it is due to ourselves, the government that recognizes us and the public that appreciates us, to abate not the tithe of a hair from a full claim to recognition of the truth of the principles that have made us distinctive as a school of medicine.

Homœopathy is a success. No sane man can deny it, and it has come to stay. There is no good reason why this amenity should not have been extended to us before. There is nothing but an unwarranted prejudice that has ever stood in the way of recognition of Hahnemann's teaching, potency and all. In the name of general medicine we have ever admired, accepted and studied the anatomy, physiology, chemistry and operative surgery of those who are recognized lights of all so-called schools. There ought to be no such thing as different schools of medicine, and when the dominant school shall honestly investigate the claims of

Homœopathy and as scientifically apply it to the cure of the sick as they, divested of prejudice are capable of doing, the time is not far distant when there will be but one school, and that will be *homœopathic*.

When the time shall come that a man may display the works of Hahnemann, Hering, Raue, Guernsey or any or all of the large and able works on the homœopathic treatment of disease on the shelves of his library, or deal out the sugar globule, disc or tablet without being "called down" by his county, state or national society for irregularity; when a professorship shall be established in their colleges for the teaching of Homœopathy as a branch of therapeutics on a par with their own, then will there be some reason for us to accept in good faith courtesies extended to us, and less reason for our continued existence as a separate school.

Until then we must stand on our dignity, assured as we ever have been that—

"Truth crushed to earth shall rise again."

And just as surely that—

"Error wounded shall writhe in pain
And die amid her worshipers."

Now for the very reason that there are some in the American Institute that are ready to forget that which makes us distinctive as a school, in so far that they are willing to join with the old school, without claiming anything in the way of recognition for the law of cure which we know to be true, it seems to me necessary that we should stand as a separate organization, true to the principles for which all true disciples of Hahnemann have contended so long.

2d. Nevertheless, and here I am aware that I differ from some others, it seems to me that it would be good for our cause to hold our membership in the larger body, the American Homœopathic Institute, and do all we can to promote the cause of pure Homœopathy there, as well as here. Some have said in reply to the suggestion that all I. H. A.'s should join the A. I. H. What for? and the question implies that we can get no benefit from such an alliance. Well, there is another question, and one that I think

an equally good one from an unselfish standpoint, viz.: What good can we do? If this I. H. A., with its numbers and intelligence, should as an organization stand firm on all that pertained to scientific Hahnemannian Homœopathy in the Institute they could not fail to have an influence. And I know that there are still in the Institute many who would stand with us, who do not feel that much is to be gained by taking the position of come-outers. All they need is the encouragement of members, and they will stand or fight for Homœopathy, as the case may be.

The devil is never so easy in a church as when he can get the true saints all out of it.

There are, it must be admitted, some who have no thorough knowledge of Homœopathy, and consequently no convictions as to its great truths, who would be willing to drop the name even. Those are the men we want to oppose, and we can oppose them there, better than anywhere else.

One reason why many students ought to go to our colleges instead of those of the old school is because of the teachings of just such men. If we cannot give a better system of *Materia Medica* and therapeutics than the old school, why should they come to us? But we can if we will, and if we do not do so, the time is not far distant when our homœopathic colleges will "go dry" for want of patronage.

The best men in the old school admit the weakness of their therapeutics. What an admission in view of the first paragraph of the *Organon*.

We have a system of therapeutics of which we are justly proud. Let us make the most of it. It is our tower of strength, and we stand or fall as we keep it to the front.

In the discussion of the State paper before alluded to, one of the men who spoke said: "I do not like to hear the question put as an amalgamation of truth and error." How can it be put any other way?

If *similia similibus* is true, in what light can we put those who deny its truth but as errorists? If Homœopathy is not true, what is the American Institute, the International Hahnemannian Association or any other society calling themselves homœopathic, here

for? The chief reason for the existence of the International Hahnemannian Association is that we have settled this question, and no man is expected to belong to it until he has.

We believe in this law of cure and are not willing to place it on a par with any old theory or pretense which may be foisted upon us by the old school or the half-hearted in our own.

I see by referring to our history as an association that my name appears among those who joined it at the first regular session, and when I look over the names of the fifty strong men there enrolled, I am satisfied to let it stand there.

Now I understand the object of that association. I am not sorry that it was formed or that it remains, and I am satisfied that it should still exist and do the same kind of work it has been and is doing. But I believe that it has one more work to do, which is to arm our membership with courage and power to go into the larger body, which claims to stand for Homœopathy and contend for pure principles, and no compromise with any innovations or old schoolism that may creep in, through those who are not heart and soul truly homœopathic.

So far as I can judge, there is a conviction forcing itself upon the men at the head of our colleges, that we must get back to first principles or go under as homœopathic colleges. Those who are only half-hearted in or half-educated along homœopathic lines are already willing to amalgamate with the old school. But those who are educated and loyal to Homœopathy, never! And if every homœopathic college in existence today should lower its flag and go over to the enemy, others would surely spring up and carry on the good work. And I know of many in the American Institute who are true as steel, but retain their membership there because they think they can do more good there.

But let the International Hahnemannian Association or some society under any name, with the same principles, stand united as an organization and the day is a long way off when there will be brought about this amalgamation of truth and error.

The combined strength of our school, as existing in the I. H. A. and the A. I. H., has together immense power in the medical world, as well as in the body politic. Let us not lose that power

by senseless divisions on questions that make us distinctive as a school of medicine.

While our course of medical education along all lines should stand in no particular branch a whit behind the old school, we need a grand revival all along the line in homœopathic *Materia Medica* and therapeutics. Without such revival our very existence is threatened; with it we are sure to live and grow. These thoughts are not offered with the expectation or desire to excite dissension or division, for I am as anxious to promote harmony and the continued existence of this body as any one can be, and if it should be thought best not to introduce these questions further during this session I shall rest perfectly satisfied that it is the wisest course.

Again, I am only voicing the mind of some others, as well as myself, who are thinking along these lines. We feel confident that the International Hahnemannian Association is competent to deal with the best interests of Homœopathy in the wisest way. But when it comes to medical legislation in the interest of Homœopathy, the American Institute of Homœopathy needs us as well as we need them, and we do well to remember that favorable legislation is a help to our cause that must not be ignored. Thanking you again for your kindness, I rest contented to leave these questions with you, to deal with or not as you think best.

How to Use the Repertory.

C. M. BOGER, M. D., PARKERSBURG, W. VA.

CASE I. Hemorrhoids. Mr. B. S., aged forty-three.

1. Hemorrhoids, prolapsing, bleeding, dark clotted blood, with cutting pains extending toward right hip, or sore throbbing or pinching pain, always worse from lifting.

2. Moisture from anus and rawness within.

3. Heavy pulling in groins.

4. Easily bruises himself.

ANALYSIS OF REMEDY.

Hæmorrhage from internal parts: ACON., Agar., Alum., *Amb.*, *Am. c.*, Am. m., Anac., ANT. c., Ant. t., Arg., ARN., ARS., *Asar.*, Bar. c., BELL., Bis., *Bor.*, Bov., BRY., CAL., Cann., CANTH., CAPS., *Carbo a.*, CARBO v., Caust., CHAM., CHIN., Cina, Clem., Coc., Coff., Colch., Col., *Con.*, CROC., CUP., Dig., DROS., *Dul.*, Euphr., FER., Graph., *Hep.*, *Hyos.*, Ign., *Iod.*, IPEC., *Kali c.*, *Kali n.*, Kreos., Lach., LED., LYC., Mgs., M. arct., M. aust., Mag. c., *Mag. m.*, MERC., Mez., Mosch., Mur. ac., *Nat. c.*, *Nat. m.*, NIT. AC., Nux m., NUX V., Op., Par., Petr., PHOS., *Phos. ac.*, Plat., *Plb.*, PULS., Rhod., RHUS, *Saba.*, SAB., Sars., Scil., SEC., Sel., SEP., SIL., *Stan.*, Staph., STRAM., SUL., *Sul. ac.*, *Tarax.*, *Thuja*, Val., Vip., ZINC.

Of these the following have contusions, bruises, etc.: *Acon.*, Ant. c., ARN., ARG., *Caust.*, CON., DROS., *Iod.*, *Kali c.*, Lach., *Led.*, *Nux m.*, Par., Petr., Phos., *Plat.*, *Puls.*, Rhod., *Rhus*, Sep., Sul., SUL. AC., Ver.; as well as:

Aggravation from lifting: ARN., *Caust.*, CON., *Iod.*, *Kali c.*, Lach., *Phos.*, Plat., Rhod., RHUS, SEP., *Sul.*, Sul. ac., then:

Dragging in inguinal region occurs under: *Caust.*, *Kali c.*, Phos. and Sul. ac.

Moist hemorrhoids leaves us: *Caust.* and Sul. ac. only.

The bleedings of Phos. are predominantly bright; those of *Caust.* and Sul. ac. dark; Causticum exhibits lack of sensitiveness and an atonic condition; symptoms of Sul. ac. indicate an intense irritative action of a low disorganized grade; therefore, the patient received one dose Sul. ac. cm. on November 19, 1902. Slow but sure improvement followed, and his wife now reports him well. Only remedy under every symptom.

CASE II. Hemorrhoids. Mr. B., aged sixty-two.

Piles with soreness, prolapsing with every action of bowels.

Piles < walking > at night and if still.

Bleeding, bright red.

Aching in sacrum < on rising.

Stool dry. Frequent nightly urination.

Drinks much water; generally thirsty.

Coughs up phlegm in morning.

Slow, sluggish, phlegmatic and obese. Abuses alcohol.

ANALYSIS OF REMEDY.

Prolapsus during stool: Ant. c., Ars., Bry., *Cal.*, Canth., Cic., IGN., Kali b., Kali m., Lyc., Mgs., Mag. m., Mer., Mez., Nat. m., Nux, POD., Rhus, Ruta, SEP., *Sul.*; of these:

Dry stool occurs under: BRY., Kali b., Lyc., *Nat. m.*, Nux.

Aggravation from walking, motion and rising: BRY., LYC., NAT. M., NUX.

Slowness, obese, etc.: ASAR., BRY., *Coc.*, Lyc., PHOS. AC., *Plb.*, PULS.

Excessive thirst: ARS., Bell., Bov., BRY., Canth., CARBO v., Colch., HYOS., Mer., SEC., SEP., Stram. Bryonia cm. resulted in a complete cure.

CASE III. J. C. C., aged fifty-eight.

Diarrhoea of dark yellow stools, coming in painless intermittent gushes, sometimes involuntary, with much flatulence, worse after midnight and from sweet things.

Abuses tobacco and alcohol; craves stimulants; has had malaria and now claims his liver does not work.

Has had much mental strain and grief, is weak, tremulous and nervous.

Aches all over.

Vertigo on sudden motion.

Neuralgia, worse in damp weather, with swelling of nape of neck.

ANALYSIS OF REMEDY.

Stools gushing: Acon., *Aloe*, Ars., Bar., Colch., Col., CROT. T., Cyc., GRAT., Kali b., Lyc., Mag. m., NAT. C., Petr., *Phos.*, POD., Psor., Rheum, Rhod., Rhus, Sars., Seneg., Tab., THUJA, *Ver.*, Zinc.

Stools in painless gushes: Acon., Ars., Bar. c., Colch., Col., LYC., Mag. m., Petr., PHOS., POD., Psor., *Rhod.*, Rhus, Tab., Thuj., *Ver.*, Zinc.

Stools flatulent: *Ars.*, *Colch.*, *Col.*, *Pod.*, *Psor.*, *Tab.*, *Thuj.*

Stools involuntary: *Ars.*, *Colch.*, *Col.*, *Pod.*, *Tab.*, *Zinc.*

Stool watery: *Ars.*, *Colch.*, *Col.*, *Pod.*, *Tab.*, *Zinc.*

After midnight: *Ars.*, *Pod.*,

Podophyllum cm., one dose, cured the diarrhœa.

CASE IV. Enlarged liver. Jacob N., forty-seven.

Liver enlarged and sore, every jar makes it feel like breaking.

Diarrhœa of a light colored foam; much gas in bowels.

Abdomen anasarcaous; feet œdematous.

Feet and hands fall asleep.

Face looks dark and withered.

Sharp shooting pains in head, better from rubbing.

Much drowsiness, worse before storms.

Easily chilled, gets chilly before snow storms.

Had malaria four years ago, and also seven weeks ago, for which his three allopathic physicians gave quinine with the above noted effect. They have now abandoned the case, and advised him to notify all his friends desiring to see him as the case was hopeless.

He now received one powder of *Formica* cm. every other night for one week, then placebo for another like period. At the end of eleven days the improvement warranted his doing some work; and the stools had almost become normal in color and consistency. In three weeks more he considered himself almost in his former health and able to do his farm work.

CASE V. Diphtheria. B. K., aged two years.

Patchy or mapped tongue: *Am. m.*, *Ant. t.*, *Ars.*, *Kali b.*, *Mer.*, *Mer. c.*, *Nit. ac.*, *Phos.*, *Ran. s.*, *Sul.*, *Tab.*, *TARAX.*

Pale around mouth: *BELL.*, *Cic.*, *CINA*, *Mer. c.*, *STRAM.*

Faint ether-like odor from mouth: *Mer. c.*, *Ver. v.*

Dyspepsia, refuses all food; more than seventy remedies.

Glands swelled, more than ninety remedies.

Membrane yellow on right side of pharynx, also follicular tonsillitis with membrane spreading over tonsils, a case of mixed infection. *Mer. c.* cm. hourly for six hours, then further apart; patient practically well in twenty-four hours.

CASE VI. Traumatism. S. W. D., aged fifty-five.

Dead, heavy throbbing, cutting and soreness in heels extending into foot, worse standing.

Soreness very great on bruising himself.

In general worse from exertion.

At ten years of age sustained an injury to neck by falling on head, could not turn head for a long time.

Badly affected by heat of sun.

Small, bleeding, prolapsing piles, with dead aching pains, and itching at night.

Much flatulence in bowels.

ANALYSIS OF REMEDY.

Injuries to head: *Arn.*, *Cic.*, *Con.*, *Nat. s.*, *Puls.*, *Rhus*, *Sul*.

Pulsation in heels: *Nat. s.*, *Phos.*, *Ran. b.*

Heat of sun agg.: *Nat. c.*

Natrum sulph. cm., one dose, cured.

CASE VII. Cardiac neurosis. Mrs. S. D., aged forty-two.

Attacks of cutting in infra-mammary region extending along ribs to back with fluttering of heart; cough which causes pain in occiput; frothy expectoration, dyspnoea; cold hands and feet; nausea; profuse urine, and much eructation which relieves; is worse from pressure of clothes, leaning against scapula or exertion; better from slow motion in open air; disease has existed over two years.

Amyl nitrite 1m, one dose, cured.

Amyl nitrite is the only remedy which has cardiac pains following the ribs to the back, as well as relief from eructations.

Odds and Ends.

A woman intent upon suicide swallowed an unknown quantity of wood alcohol. A hypodermic injection of Apomorphia quickly emptied the stomach; the ejecta smelled strongly of the wood naphtha; she was stupid and complained of aching in the eye-balls.

Gelsemium antidoted these effects.

SULPHURIC ACID.

A young man working over Sulphuric acid, where he constantly inhaled its fumes, was attacked by aching all over and gnawing in stomach; food seemed to sicken him. [Add this to your *Materia Medica*.—Ed.]

SANICULA.

A two months old baby was marasmic. Along with the usual symptoms, aged look, etc., it passed liquid stools which partly solidified into hard masses like plaster of Paris. One dose *Sanicula aqua cm.* cured the entire sickness.

TARANTULA CUBENSIS.

A young baker noticed a gradually increasing induration in the center of the right cheek. Latterly it became the seat of atrocious pains which allowed him no rest. He was prostrated and began to sweat profusely, especially on the face where it was cold. The spot had a dusky line, evidently an incipient *cancrum oris*. *Tarantula cub.* 30 cured.

A Difficult Case and Its Partial History for Three Years

P. E. KRICHBAUM, M. D., UPPER MONTCLAIR, N. J.

Mrs. S., æt. 27, short, compact figure, rather inclined to put on flesh; brown hair and blue eyes. I was called about three years ago to prescribe for a condition of flooding or miscarriage, as her husband termed it. She had passed four or five hydatids, and kept passing them for two days without any abatement of flow. I decided to curette the uterus, and while so doing found quite an enlargement on the left side of that organ, which formed a fibroid thickening of the uterine walls, undoubtedly upon a sycotic base.

The most persistent symptoms to present themselves from this period on, to a subsequent pregnancy, were irregular menstruation, scanty flow aggravated by dampness and cold, ameliorated

by heat. Drawing, burning, sticking pain in left ovarian region. Headache, backache. Sensation as if the menses would appear, which symptom failed to respond to treatment to any pronounced extent.

August 18, 1902, she called to see me and complained of feeling nauseated all the time, worse as soon as she wakened in the morning. Sensation of grabbing at the umbilicus, bending her double; relieved by belching. Stabbing pain left side of the uterus when turning over in bed, or rising from a sitting posture. My prescription was *Colocynth* 3m.

September 3d. Nausea continues, worse in the morning. Awakens with eructations at 3 A. M. for past week; relief from heat. Three occipital headaches in two weeks, relieved by heat. Stabbing in the uterus as before. She was given *Mag. phos.* cm.

September 11th she reported no change, so I changed the potency to the 6x, and continued it.

October 3d. Nausea as soon as she opens her eyes in the morning; water brash bitter. Nausea relieved or controlled by eating her breakfast in bed. Worse lying on either side, causes stabbing pains in the uterus from the side lain on. Skin yellow, eyes hollow, wants to keep moving; cannot keep her feet still at night. I now gave her *Zinc* 5m. From this date on to her confinement in March my powerlessness was so apparent that I failed to keep a record of her distresses, though *Calcarea*, I think, served me best. Her confinement was set for April 6th, but she would not wait longer than March 4th. Her labor was normal in every way, except an adherent placenta. Baby was born at 8 A. M. Placental pains regular and hard but no expulsion took place. At 10 A. M., the hæmorrhage being more persistent and profuse than was good for my patient, I chloroformed her and went after the placenta. This was adherent and stubborn, and so tough that it could not be pulled apart or separated from the uterus without the endometrium in places. Temperature by afternoon, $99\frac{1}{8}^{\circ}$; pulse, 92.

March 5th. Same pain in the left side. Slept well. *Arnica* 1m.

March 6th. Slept well, lochia slight, temperature 4 P. M., 101° . Little headache.

March 7th. Lochia slight, brownish, offensive. Morning, temperature, $99\frac{1}{5}^{\circ}$; evening, 101° ; Sec.

March 8th. No stool; lochia same; pulse. 114; morning temperature, $101\frac{2}{5}^{\circ}$; evening, 101° . In the afternoon, burning in the eyes; slept one hour, awoke perspiring; brown skin. She now received *Pyrogen* cm.

March 9th. A good deal of gas in bowels. Lochia less offensive dark brown; temperature, $100\frac{1}{5}^{\circ}$ at 4 P. M. Lochia very offensive, color same; temperature, $101\frac{3}{5}^{\circ}$.

March 10th. Dreamed horrible dreams all night. Lochia not so offensive. Enema brought large stool. Morning temperature, $99\frac{1}{5}^{\circ}$; afternoon, $101\frac{2}{5}^{\circ}$.

March 11th. Severe headache, face red, relieved by heat. Lochia slight. *Millefolium* relieved the headache. Morning temperature, $99\frac{2}{5}^{\circ}$; 4 P. M., $101\frac{2}{5}^{\circ}$.

March 12th. Lochia more offensive, patient looked sallow, eyes sunken. Pulse, 120; temperature, 99° . At this juncture we curetted. Upon introducing a dull curette was surprised to find uterine cavity so small, but ten minutes' work disclosed a constriction, as it were, around the old thickened spot. The cervical part of the uterus was filled with the foulest pus I ever encountered. After getting through the constriction the curette brought away a few granules size of a millet seed, which had same look and odor as on day of delivery. I washed out the uterus with Calendula water, gave one more prescription of *Pyrogen*, and went home. At 2 P. M. the nurse called me and reported that the patient had had a hard chill, and wanted to know what she should do. I said let her alone. At 9 P. M. found my patient getting a rest after a profuse sweat.

March 13th. Lochia slight, no odor. Morning temperature, $99\frac{1}{2}^{\circ}$; afternoon, 100° .

March 14th. Lochia more offensive this morning. Temperature, $98\frac{3}{5}^{\circ}$; afternoon temperature, $98\frac{3}{5}^{\circ}$. This ended the chapter. One more thing, she nursed her baby through it all, and he gained in weight.

Obstetrical Experience.

FRANKLIN POWEL, M. D., CHESTER, PA.

Mrs. T., fourth accouchement. Previous one four years earlier; quickly over. Was called at 3 A. M. I found her in the second stage of labor with rigid os, pains weak, at intervals of a half hour. She declared her condition similar to the previous accouchement; that the doctor had left her saying it would be several hours before the delivery, and that he would return shortly. He got six blocks away and then her babe was born. She insisted on my presence in the house, so I betook myself to another room for rest after giving her a dose of Kali carb. 200, for her pains, which began in her back and extended down her thighs.

At 5 o'clock I found there had been very slight advancement. She complained of a "drawing into her legs" at every pain. I gave her a dose of Aloes 50 m., and in a few minutes her pains began in earnest and I thought surely she would have a speedy delivery, but I was mistaken; Aloes changed the character of her pains and lessened the intervals. Another hour's wait and I began to question her again after an examination as to the character of the pains, etc., and was met by the quick petulant retort, "Please do not ask so many questions." I turned to my medicine case and gave her a dose of Chamomilla 200, and in ten minutes the labor was completed. She was greatly relieved of her after-pains by Chamomilla 200, and on my next visit she greeted me with, "Doctor, you can ask me as many questions as you please this morning."

Mrs. S.—A Norwegian; third pregnancy. Was called at 2 P. M. Sunday; found her in great pain, second stage of labor; pains from one side of abdomen to other at intervals of three minutes; os rigid one pain, relaxed the next. *Actea rac.* 200 was administered, which apparently changed the pains to normal immediately. After waiting an hour, and discovering that little progress had been made, I found the Chamomilla temperament so predominant that I gave her a dose of the 200 after eliciting the remark, "I got so mad at my last confinement that I threw a pillow at my nurse." Within fifteen minutes she was delivered of a fine female

child, and had neither ache nor pain for the ten days I visited her thereafter. She had severe after-pains at her second accouchement.

Mrs. W. had been suffering with violent convulsions at intervals of five minutes for nine hours following her labor when I succeeded one of my allopathic brethren in the case. I assure you this responsibility was neither accepted with pleasure nor confidence. I took a careful survey of the case and found the red face, injected conjunctiva and throbbing carotids indicative of Belladonna, which she received in the 200th potency, with the result of a complete restoration to health after a few more attacks, mild in form and at greater intervals.

Mrs. F.—Primipara. Was apparently progressing satisfactorily in the second stage of labor, with the os nearly fully dilated, when she was suddenly seized with a violent convulsion. I immediately gave her a dose of Belladonna 200, some ether, applied the forceps and delivered her within twenty minutes. She had but two convulsions, and, although her condition seemed to indicate another attack after delivery, the faithful administration of Belladonna rendered her recovery uneventful. A slight laceration of the perineum required a few stitches.

Mrs. E.—Second labor, uneventful. About fifteen minutes after delivery of secundines, complained of nausea. I looked her over and found a violent post partum hæmorrhage in gushes of bright red blood. Ipecac 500, every five minutes, settled that case "to the good" in a jiffy.

Mrs. R.—Delivered of twins; was attacked immediately thereafter with a copious uterine hæmorrhage; she bled so rapidly that she collapsed and I thought I was about to lose my first case in labor. The administration of China 200, every five minutes, restored her, checked the flow and she was up and about her room on the tenth day.

REMARKS.—These few cases are reported for the purpose of calling attention to the quick action of the homœopathic prescription. A response in one to fifteen minutes leaves little better to be desired. Surely nothing extant approaches it in rapidity and good results. Another experience I desire to call attention to is

that the remedy employed to correct abnormal labor pains will generally be found useful when after-pains are present.

Some of my experiences have not been so pleasant as the foregoing. I have found labor much retarded by administration of the wrong drug. Either I took only a cursory or snap judgment of the case, or my observations were not careful enough. I failed to get the totality of the symptoms if I was at fault, or my patient could not or would not give me a correct account of herself, and consequently I failed to relieve her promptly. Some of you doubtless have had similar experiences, and I am sure you will agree with me that Hahnemann's instructions "how to take the case," if followed implicitly, will render brilliant and satisfactory results in obstetrical practice, and will make instrumental delivery much less frequently necessary.

Hints on the Importance of Hygiene in Pregnancy.

HARRIET H. COBB, M. D., CAMBRIDGE, MASS.

For many years of my early practice I went to a confinement case with courage and confidence, for during that time I had no serious or unpleasant experiences; perhaps this was somewhat due to chance, but I have thought that it was due to the fact that my practice then was largely among the working classes.

I believe that "necessity is the mother of (industry as well as of) invention," and I *know* that few women have the moral energy to take the amount of physical exercise they ought during the period of gestation without some strong impetus. •

The patients I have referred to were generally the homemakers, wives of working men, and perhaps mothers of children in greater or less numbers, and were interested and happy in their occupation; the stimulus in this "joy in doing" that the mother feels in caring for her own is a factor in promoting healthful conditions, and this woman need not trouble her brain about other mechanical gymnastics.

Later on when mal-positions, lax muscles, want of courage and positive inability on the part of many patients to go through labor

in the heroic and wholesome way I had been accustomed to see, in the parturient woman, I began to look for causes.

About this time it happened that I attended a number of cases of occipito-posterior presentation, and experienced much difficulty in delivery, even with the exhibition of the well-indicated remedies. I learned that in each of these cases the woman was very fond of driving, and had daily spent hours in a carriage, and for various reasons without having even the exercise consequent on holding the whip and reins. They were in so-called "comfortable circumstances," had little work to do and had been tenderly **cared** for and probably over-fed. Whether the jolting and jarring of so much carriage riding had an effect to control the position of the child I cannot say, but it chanced that the two most obstinate cases had been in a carriage many hours of every day, and eight or ten hours of the day that labor came on in the evening.

In the first case I waited two days for the remedy and nature to do the work, and finally delivered with forceps a child who lived but a few hours.

To the other case I called in one of our best surgeons, and after we had given up all hope that nature could help, the child was turned and brought with forceps. The child flourished and the mother did well, but required to have a good many stitches taken.

Other cases were less severe, and I fail to recall particulars.

About this time I began to grow anxious and dreaded a case of labor worse than anything in my practice; so much seemed to depend on previous preparations, and it was so difficult to get hold of the woman early in gestation. In many instances I never saw the case until the pains were fairly on; sometimes a few days or possibly weeks before the expected day of labor the husband and wife would call to engage my services *in the evening*, for only at that hour will many women show themselves on the street after their size betrays their condition. In these cases one has only to do the best one can, and trust to Homœopathy to help them through. Happily through our law of cure I can report that I have in over twenty-five years of practice delivered many hundred women, and have been so fortunate as to lose but the one

child I have mentioned, and many years later one mother through the process of parturition.

Whenever I have had an opportunity I have been careful to instruct the woman in her manner of living, advising about her dress, food, drink, and especially recommending plenty of judicious exercise. I recall one case where I advised a woman who greatly enjoyed and was accustomed to ride a wheel, but who (as soon as she found she was pregnant) had given up that, as well as every other out-door exercise, to resume in moderation her bicycle riding. This she did, and got relief of the nausea she had called on me to correct. She went on comfortably to full term, taking much out-door exercise and living hygienically, and in due time had an easy labor and healthy child.

In a letter of request from the chairman of this bureau she says: "I feel very sure that you can give me some valuable hints for my bureau in prescribing for the expectant mother," and further on in the letter she seems inclined to censure the older physicians for not giving more freely to the young practitioners the results of their experience. The above remarks are my excuse for this paper. I am conscious of great poverty in "*results*" of experience.

Suggestions for remedies to be used with the pregnant woman seem to me objectionable, since we cannot possibly suspect what may be called for, as pregnancy in itself is not (to use an unadvised word) "disease," but a normal state, liable to derangements as in any other condition of life, and the right remedy will act even more readily now when the system is making every effort to do good work than in more sluggish conditions.

As for the medication liable to be called for during and after childbirth our *Materia Medica* is rich in remedies, and Dr. Yingling's "Emergency Manual" is invaluable.

I am only attempting to hint at some of the ways and means I have used to bring my patrons into hygienic methods of living so far as I understood them.

I hope this paper may provoke a discussion of this subject, for I long to sit at the feet of wisdom.

We all know that many mental emotions cause certain reflex

sensations and disturbances, while a mind at ease is like a placid pool that stirs up no evil consequences.

The old saying that "he who knows nothing, fears nothing," may apply to the well occupied woman who has no leisure time to listen to gossip of all the abnormalities that have come to the ears of certain busy-bodies who have no interests in life other than retailing such reports to the timid pregnant woman.

I have often assuaged the nervous anxiety of a patient by giving her a lesson in the beautiful process of (normal) labor and assuring her there was no probability that hers would be other than a natural and easy delivery. I endeavor to teach her that hers is a normal state—and even more so under conditions of married life than is the married woman's who never becomes pregnant. And to instil into her mind, if need be, common sense ideas of how to conduct herself, never failing to let my advice extend to the conduct of her husband also, for I have seen serious results follow conjugal indulgences.

I have recognized an instance where a woman suffered with nausea from coming in contact with tobacco smoke, though she did not suspect it, because it had never affected her that way before. Her husband gave up smoking and her nausea was immediately relieved without medication. In another house I found the man an inveterate smoker and pipes lying about in every room. The odor and flavor of old pipes saturated with tobacco followed me for hours after making a short call on the lady of this house, who was soon to be confined. At my suggestion they made every effort to purify the atmosphere, but the season was severe and the cold air let into the rooms seemed only to drive the scent deeper into bedding, upholstery and wall paper, though the man retired to his den with his pipes and tobacco and smoked and slept there.

This was an unusual case, and it is needless to say the child came into the world in such a condition it seemed a mercy to see its little light extinguished after several months of anxious effort on the part of parents and physicians to stop the downward course from—shall I say—the day of its conception?

A child born to the same parents a few years later under more

wholesome conditions is a joy to the community, and her proud father says he hopes "to see in her all the wisdom and virtue *he* has failed to adopt."

So long as such deplorable ignorance exists on the part of often otherwise intelligent persons, as well as those in the lower walks in life, concerning their own organism and needs, I see no better way than for the physician to not only "restore health to the sick," but to instruct all who come under his influence to so conduct their lives that the processes of nature may go on in a more harmonious and rational way, and happily their demands upon the doctor will be fewer, and he, too, may find opportunity to live a broader life.

DISCUSSION.

Dr. C. E. Alliaume.—I have heard reports of cases where the husband suffered with morning sickness during his wife's pregnancy. How can that be explained?

Dr. P. E. Krichbaum.—I do not know how to explain the circumstances, but I have had a case. I made a diagnosis on it in fact. A man came into my office, sat down and told me his symptoms, and I said your wife must be in the family way. He had all the symptoms. It resulted in a miscarriage at the fifth month.

Dr. Harriet H. Cobb.—I know of such a case. The husband dreaded his wife's pregnancy more than the wife did. It was my husband's youngest brother. For months he threw up his breakfast regularly every morning. They had four children, and he suffered with each one. I do not remember whether he had any treatment or not.

Dr. M. E. Graham.—I have had such a case twice in the same family, and have had three families in which there was the same state of affairs in various degrees. I do not believe it can be explained.

Dr. L. E. Stanton.—I can refer to similar cases.

Dr. F. M. Watson.—I had one patient who has had three successive wives, and he had these peculiar symptoms with each of his wives. Such things occur, I believe, only with nervous, hysterical men.

Dr. Campbell.—I think they may be explained on the basis of unconscious auto-hypnotism.

Dr. Julia M. Plummer.—I would like to bring the society back to the subject of Dr. Cobb's paper, which was the importance of the surroundings and habits of the pregnant woman, and the impression upon the child which it is possible to make at that time; also, the responsibility of parents.

An effort should be made to educate the husband as well as the wife as to the duties of both.

They should be taught the impropriety of continuing the marital relation during gestation. I have been led to consider this as harmful from experience with unfortunate young unmarried girls, who came to be cared for at an institution with which I am connected. I was constantly surprised by their statement that they had not been aware of their condition for the first three months, for there was no nausea, no cravings, no morning sickness, none of the usual symptoms. I was thus led to attribute the absence of the unpleasant, almost universal, symptoms of pregnancy to the continuance of the marital relation. These girls entirely escaped what the wives had always to suffer.

About this time I read an interesting article upon the same subject, the first thing I had seen in print about it, and it confirmed me in my conclusions.

A. E. Austin, M. D.—A number of years ago I went to Alaska and then up into the Arctic regions. On one of the trips a woman gave birth to a child. We had to journey on all the same. In a few bear skins she had her child; she washed it, dressed it, and next day was ready to go on again. That is the way the Indian women get along. They live near nature, and it is no trouble to them to have children.

C. M. Boger, M. D.—Speaking of the effect of the mother's state upon the child, I remember a woman who all during pregnancy was in a state of anger. She was angry at being in that condition. The first cry that that child emitted when born was an unmistakable cry of anger.

Harriet H. Cobb, M. D.—I know of an instance where the woman was in an irrational state of mind during pregnancy. She

was excessively irritable; often in fits of violent anger, and at times positively unbalanced. She gave birth to a child that from his babyhood to the present day, when he is sixteen years old, has been a most amiable person. He is now a gentle, well-informed, rational young fellow as you could well meet.

E. P. Hussey, M. D.—Dr. Campbell's explanation of auto-hypnotism does not explain this case, which I know to be true. The father, a sea captain, left for a voyage without knowing that his wife had conceived, yet he had much nausea and morning sickness during his voyage. How are you going to explain that?

Dr. C. E. Alliaume.—Going back to the medical side of the question, I believe we can do wonderful work during pregnancy with our remedies, by eradicating miasms and hereditary tendencies. Women seem more susceptible to remedies at that time than at any other.

Verified Symptoms.

ERASTUS E. CASE, M. D., HARTFORD, CONN.

BADIAGA.—(One powder c.m. (Fincke) dry on the tongue.)

Dyspnœa, sometimes loss of consciousness, while lying on the right side in bed at night.

Fainting by day from over-exertion.

Light haired, married women, childless, aged 44 years.

BISMUTHUM.—(Four doses 9m. (Fincke) dry on the tongue, three hours interval.)

Pressure and burning in the stomach soon after eating.

Dragging sensation (as if pulled down) in the stomach about three hours after eating.

Saliva dark brown and thick in the morning.

Taste perverted; sweet, sour, foul, etc.

Vertigo, with confusion of head, when the stomach is at the worst.

Dragging pain in rectum during menstruation.

Frightful dreams during sleep.

Brown haired, married woman, aged 32 years.

BRACHYGLOTTIS REPENS.—(Four doses, 400 (F. C.), dry on the tongue, three hours interval.)

Weakness and soreness in the biceps muscle of the right arm; worse from raising the arm away from the body.

Retired farmer, aged 54 years.

CEANOTHUS AMERICANUS.—(One powder cm. (Fincke) in four tablespoonfuls of water, one tablespoonful morning and night until it is gone.)

Soreness, weight and full sensation (enlarged spleen) in left hypochondrium.

Smarting sensation on the skin over the spleen.

Large quantities of inoffensive flatus frequently voided.

Brown mucus, sometimes crusty and bloody, from the pharynx every morning after rising from bed.

Hypochondriacal; thinks he can never be any better.

Dark, tall, slender engineer, aged 58 years.

CUPRUM METALLICUM.—(One dose cm. (Fincke) dry on the tongue.)

Loose, rattling cough; aggravated by sitting back against a chair, or by any pressure against the back.

Consumptive patient. Condition of aggravation relieved, but patient not cured.

FORMICA RUFA.—(One dose 900 (Fincke) dry on the tongue.)

Colic in umbilical region, with shivering.

Globus hystericus several times a day, with chills along the spine, yawning and stretching, followed by stool.

Stools pasty, pale, followed by tenesmus.

Vertigo, especially while eating.

Small brunette, aged 49 years; no menses for nine years.

HYPERICUM PERFORATUM.—(One dose c. m. (Fincke) dry on the tongue.)

Frequent micturition, preceded by shuddering, followed by violent and long continued tenesmus of the bladder.

Dark haired, married woman, aged 49 years.

KOBALTUM.—(One dose 10m. (Fincke) dry on the tongue.)

Needlelike stitches in the joints of the feet while walking.

Dark, tall woman, aged 40 years, mother of four children.

LAC VACCINUM DEFLORATUM.—(One dose 45m. (Fincke) dry on the tongue, followed a month later by a dose of the cm. (Fincke) dry on the tongue.)

Vertigo; aggravated while lying on left side, from turning in bed, from rising to erect from recumbent position.

Faint and nauseated when rising to erect from recumbent position.

Sensation as if the top of the head were raised a few inches.

Constant hissing sounds in left ear.

Dark, portly telegrapher, aged 62 years.

MANCINELLA.—(One dose 45m. (Fincke) dry on the tongue.)

Stiffness in nape of neck on awaking in the morning; any motion is painful, especially bending the head forward.

Hands feel numb, large and heavy in morning after sleep; better from motion.

Brown haired woman, aged 56 years.

OLEUM ANIMALE.—(One powder cm. (Fincke) dissolved in four tablespoonfuls of water, one tablespoonful morning and night until it is gone.)

Clutching pain in lumbo-sacral region; worse from bending forward, or reaching upward.

Urine very hot, has a salty (fishy) odor.

Very irritable, but fortunately for others taciturn.

Widow, brunette, aged 61 years.

PHYSOSTIGMA.—(One dose 1m. (Fincke) dry on the tongue, one dose 40m. (Fincke) dry on the tongue three months later.)

Sensation as if a cap filled with water were drawn tightly over the head.

Dark haired marketman, sycotic, aged 44 years.

PHYTOLACCA.—(One dose cm. (Fincke) dry on the tongue.)

Smarting burning sensation in the trachea, almost constant for two months; cracking sensation there from empty swallowing (seems as if it might be heard).

Dark, robust school teacher, aged 40 years, otherwise well.

PICRIC ACID.—(Four doses 1m. (Fincke) dry on the tongue, three hours interval; six weeks later one dose 10m. (Fincke) dry

on the tongue; after ten weeks one dose 40m. (Fincke) dry on the tongue.)

Nocturnal seminal emissions three or four times per week.

Excessive physical exhaustion on the following days.

Priapism every night.

Mental power weak; loss of power of concentration.

Tall, slender, dark haired accountant, widower.

PTELEA TRIFOLIATA.—(One dose 20m. (Fincke) dry on the tongue.)

Grumbling pain in umbilical region; worse from motion; better from hard pressure; accompanied with numbness of the extremities.

Exhaustion in the morning, even after a good night's sleep.

Bitter taste in the morning.

Brown haired school girl, aged 14 years.

PTELEA TRIFOLIATA.—(One dose 20m. (Fincke) dry on the tongue; repeated two months later.)

Heavy, dragging sensation in right hypochondrium for three months; relieved by wearing a tight abdominal bandage; by hard pressue (While working he leans the right side against the bench for relief.)

Pricking pains in the region of the liver.

Constipation from inactivity of the rectum.

Stools dark, knotted.

Dark haired machinist, aged 33 years.

Clinical Records of Peculiar Cases.

S. L. GUILD-LEGGETT, M. D., H. M., SYRACUSE, N. Y.

CASE I.—Heart Symptoms: *Cactus grand.* A young married woman about thirty, with a daughter three years old, complained of breathlessness ascending, numbness left chest and arm, gas in stomach, and heart "as if grasped by a hand." She was pale, rather anxious about the symptoms, as the husband's mother had "complained that way," and had suddenly died before even consulting a doctor. *Cactus cm.* (H. S.) helped at once.

CASE II.—Jaundice: Arsenicum. Husband of above, principal of a school, preparing for Regent's examination, working hard and eating heartily, complained of chill, fever and sleeplessness, following a late dinner, causing bad feeling in stomach. He was irritable, cold could not get warm and had foul odor on his breath. Nux cm. (H. S.).

A week later a report from his wife said that the medicine helped for a day or two and relieved the sleeplessness, but the stomach still felt very badly. As they lived in a village a few miles out of the city the following symptoms came by telephone:

Gnawing in the stomach < by eating; water nauseates, had vomited it; foul taste; yellow skin and eye-balls; brown urine; white stool.

Jaundice: Offensive taste and odor of mouth; gnawing in stomach; sleep prevented by restlessness; nausea and vomiting of water. Ars., Mer., Sul.

Mercurius was a close second, but the general habit of the man convinced me that he was suffering from catarrh of stomach and ducts, so he received one dose of Arsenicum (H. S.), after which he improved rapidly.

CASE III.—Nomenclature, left to the profession: Succus fruti.

In cases of chronic disease, conditions foreign to the usual processes may arise, which drive the physician to his wits' end by their unlikeness to what has before appeared in the same patient and by the difficulty found in allaying them. Patient now approaching the climaxis, and suffering for many years because of the ignorance of her physician, who, understanding little of the power of potentized drugs, for a disagreeable crack or tendency to crack of the skin between the *alæ nasi* and lips, had given her a vial of Silicea cm., telling her to take a dose every night. She did so! Result, a rectal fistula, which she has harbored many years.

Dr. Hawley was her physician after this fatal mistake until his death, when, at his recommendation, she came to me. Her general health has been kept in fair state, the fistula giving very little trouble, and having an opening about the size of a pin-head, which causes very little drain upon the system. Dr. Hawley be-

lieved her history contra-indicated an operation, with which I agreed; we therefore let it rest. The patient, believing that we knew best, and that our "kind" of Homœopathy was the only one worthy the name, resisted all the many importunities of friends for an operation, and kept as fair an amount of health as is usual to people in general, an occasional prescription being all that was necessary.

During August, 1900, while in the grape region of Western New York, she hurt the leg slightly by a fall. On September 19 she stepped off a sidewalk, cruelly straining the ankle. Following the hurt she had first a furious headache, then her back, lumbosacral region, began to ache when standing, causing a slight feeling of nausea. Psor. 42 m. slowly > the pain in back, but she was not in her usual health.

October 25, 1900. She complained of being perfectly limp each day until 6 P. M., when she began to feel like herself. This symptom persisted for months until she was relieved by the homœopathic remedy.

Nausea while reading, writing or thinking.

Back better, but cold in an uncushioned chair.

Despondent; considers it of no use to have clothing made which she will never wear; < by clothing about the waist (O. S.).

November 11. The foot was improved, but could not do without a bandage. Perfectly indescribable sensations after siesta, which were > by getting up and walking about. Amaurosis. Fretful; talks of sensations to callers; a very unusual habit. Urine three pints in twenty-four hours. Sp. gr. 1010; acid reaction. Phos. cm. (F.).

November 15. Better of some symptoms; the general conditions of the patient remained about the same. The muddy, cloudy, reddish complexion; the depression and hopelessness as to any future plans; the quick restless motions made when her attention was attracted by the passers by; the tendency to talk of her illness to every visitor,—led to another study, covering the symptoms of: Clothing, sensitive to; about waist < ; red, sallow face; presentiment of death; incomplete stools; open air > ; heat < ; faintness.

The remedies under these symptoms were: Apis, Nux, Sep.; the < lying on the right; desire to talk of condition with anxious reflections were covered by Nux, but I was not satisfied and again studied: Clothing, waist <; siesta <; red, sallow face; Lach., Sul.; presentiment of death, Lach.; morbidly talkative; gives rambling account of ailments, Lach.; not satisfied, but finally sent Nux mm. (B. & T.).

November 17. Less sleepy; no siesta; fears cancer since death of friend; has discovered an enlarged (?) rib on the right side.

November 28. Again able to wear belt; symptoms were all < after Nux; no cold spots; needs a "bracer;" is all right if eats a little now and then and the temperature is not raised about 72°; reflexes normal; must lie down both morning and afternoon.

January 5, 1901. Reports an alternation of rheumatic symptoms, with diarrhoea, that leads to a prescription of Kali bi. 10 m.

January 5. Announces removal of all amalgam fillings.

January 28. Rheumatic headache, lasting one week, except one day, followed first prescription, < from clothing about waist, Kali bi. 45 m. (F.).

March 4. Began to complain of fruit, apples, etc., if sour. After a period of > the fistula began to be worse, the clothing about the waist to annoy.

A study of symptoms of fistula and antidotes of Silica caused me to give Hepar 1200.

April 15. Menses April 11, accompanied by rheumatic headache; profuse flow, < amaurosis; unable to swallow grape fruit; clothing had been comfortable, "but not right yet."

May 24. All old symptoms <. Hepar 1200.

June 6. Vertigo < by heat and < by turning quickly; fears "something is going to happen" for past few days; fistula <, acrid discharge, etc.; had been able to eat all ordinary food without ill effect. Phos. 5 m. (F.).

July 2. Soreness of gums and roof of mouth (Riggs' disease many years); herpes of upper lip spreading; acrid discharge from fistula; aversion to acids. Phosphoric acid 3 m.

September 21, after a fair summer at the seaside, had complained of chilliness all one day, followed by a diarrhoea from eating

too many peaches. This was characterized by undigested stool, putrid gas, empty stomach, faintness and cold sweat during one evacuation. This condition was followed by the menses, with a relief of all symptoms as soon as the flow began. There were rheumatic pains all over the morning of the report. I flattered myself that now I had the keynote to the condition and gave Sepia 50 m. (F.).

September 25. Rheumatism all gone, but averse to the slightest exertion. Cannot eat fruit or tomatoes; < from eating, < if does not eat, < from a drink of cold water; cold feet.

October 20. Diarrhœa, brown, watery, yellow, scant, sudden expulsion, pain in abdomen sends to stool; < lying on sides. Nux cm. (H. S.).

Is greatly unnerved by management of household, consisting of mother, self and maid, and the addition of a sewing woman for a week has completely upset her; fears sickness; so anxious over trifles, a very unusual state, and one which has persisted since the first of this peculiar condition; an anamnesis gave as a result Phosphorus, but it had been a long time since Phosphorus had relieved her, and I had no faith. However, I gave one dose Phos. 5 m. (F.) the third day after report. Recommended Bovinine.

December 23. Reported two attacks of prostration following a ride in a cold wind; the first on September 8, the second one December 18. At the last-mentioned period she had called upon a sick friend, and had been shocked to find her so ill. She had not slept, and had been haunted by the knowledge so gained, until she felt "like a rag;" was shaky, unable to get about, and had assumed that she was neglected by her friends, of whom she had seen less than usual, and was almost heartbroken over this purely imaginary idea.

The melancholy, deserted feeling; tremulous weakness; fears of disease; flatulency, < mornings; led to a prescription of Arg. nit. 3 m. (F.).

January 4. The last prescription raised mischief. A return of old symptoms, dragging of the clothing upon the abdomen; waking often, only sleeping again if she takes a drink of water or eats a few mouthfuls; thinks will never be better; return of old

menstrual symptoms; prostration; feels poisoned; can hardly sit up; nerves go in "tatters" at the slightest unusual happening during the menstrual period. Hoping that these would subside in a day or two, I waited until

January 6, when I found so much suffering, "all broken up" each morning, even though she thought she was slowly gaining, I antidoted *Argentum* with *Natrum cm.* (H. S.), and with the result of a beginning subsidence of the symptoms next morning.

Here friends talked to her until she was persuaded into a trial of Osteopathy. I consented, reserving the privilege of watching the result, and stating I had much rather it had occurred before I had given *Natrum*. There was another good reason for permitting it. I had always feared the result of her slip to the back, and, although unable to discover anything wrong, so much is said by osteopathic practitioners concerning concealed dislocations of muscles and of bones I was glad for an opportunity to prove their boasted wisdom. Knowing my patient would take nothing from any physician but myself, or if she could not get me, from one she believed to be a true homœopathist, and that I could see her as often as I desired, I waited. I saw her occasionally and improvement continued about six weeks. I then recalled how much better she had seemed at the seaside and attributed the improvement at that time to the salt air.

I will not take the time to report all the various things said by the osteopath to need adjustment, but there was nothing found wrong with the back.

After five or six weeks the improvement came to a standstill, and remaining at about the same point for a while, began slowly to wane. She bravely continued treatment for three months that her mother might be satisfied as to its ultimate value. I was satisfied that nothing but the homœopathic remedy, or remedies, would harmonize these disordered functions, but was not sure but it would take another than I to accomplish it.

On April 12 she returned with a demand for *Natrum mur.* and a return of the old symptoms of waking early; anxiety over necessary duties, over work to be done, even a week ahead, and each anxious thought seemed to "strike to the pit of the stomach;,"

weak, nervous and bad all over; these symptoms had been increasing for three or four weeks, and were especially bad the preceding day; nothing > them. She was still < by acid; by pressure of clothes; by domestic cataclasms; by contradiction; had soft stool, which always < the fistula; and was "weak as a cat."

She received one dose Natrum mm. (F.).

June 4. Among other things said she had been sleepy after dinner all winter, and sometimes after luncheon. She was still < from use of the eyes; < from wind on back of neck and shoulders; feared even trying to eat fruit; yawned constantly.

A short time previously a chance reading of Yingling's proving and observations of the effects of ripe fruit upon the human organism caused me to say to the patient that I thought I could soon give her that which would allow her again to eat fruit with impunity.

In the 1890 volume of the Transactions I. H. A. Yingling says: "He has often observed that the best, ripe, uncooked fruit caused an overwhelming drowsiness, or sleepiness, of both mind and body, with inability to apply the mind to study, or reading." He gave as symptoms: "Dropping to sleep when reading, when idle, < after dinner, a non-refreshing siesta, followed by weakness and depression, almost pathetic unless roused; mental apathy, etc., etc.; cold feeling over the surface of the body on back and hips."

Now the patient had complained of sleepiness, physical and mental exhaustion, since the summer months spent in the grape region where she had indulged in any quantity of the most luscious fruit of Western New York. She had been given remedies, that, in many cases > the symptoms arising from the inordinate use of fruit acid, without result. She had complained of coldness in back when sitting in a chair without cushions, and of sensitiveness of the nape and shoulders to wind or a draft. She had also had a sensation as if it were cold out of doors, and she must prepare for it; but they had each been looked upon as old symptoms, or such as might arise as a result of the Silicea poisoning of years before. A mental review of these prominent features of the case

led me to think that *Succus fruti* might relieve these conditions, and she received one dose of *Succus fruti*, 30 m., the only potency I had, on the 17th of June, 1902.

She returned to the city after her summer outing a new being in looks and feelings. Her color was clearer than it had been for months; she had not needed a dose of medicine during her absence. I have mislaid the next date, but think it was in November that I gave another dose of the same potency, and she needed nothing more until some time in March, 1903, when she received her third and last dose; it then seemed insufficient, and another medicine called for.

Peculiarities arising in the case of those chronically disposed to deep seated, organic changes often, by their perversity, puzzle the physician, so it seemed to me well to record this case, as also to verify a remedy so little known. Again, it is a remedy that might well be frequently indicated because of the modern habit of eating so much fruit. The exhaustion and the mental anxiety had been so great and the latter so new in my experience of the patient that at one time I feared for her mind, but all disappeared under the beneficent action of *Succus fruti*, and has shown no sign of return.

Yingling gives as a key-note to the action of *Succus fruti*, "a sleepy indigestion, or somnolent dyspepsia." If dyspeptics are always melancholy, envious, fearful of impending and imaginary evils, then *Succus fruti* is a powerful aid to recovery. It should be useful, when no other remedy is indicated, in such cases as present themselves with the symptoms of < from fruit acids. This patient has recovered her power to digest fruit, and eat all things toward which she feels disposed.

The Indicated Remedy in Obstetrics.

JOSEPHINE HOWLAND, M. D., AUBURN, N. Y.

I was asked by the Chairman of the Bureau of Obstetrics to prepare a paper on this subject in hopes that it might lead to the discussion of one or more of the following questions:

Hæmorrhage during or following labor, its treatment. What

results you may expect and so seek to avoid, following hæmorrhage, judging from your own experience?

Is sepsis one of the dangers following hæmorrhage?

The aseptic treatment of the puerperal woman; do you use douches?

What conditions cause susceptibility to sepsis? What is your treatment?

What care do you give your puerperal women to assure them of the best recovery?

Do your obstetrical patients come under your care later on for treatment? If so, where does the blame centre?

With psoric obstetrical patients what experience have you met?

Can you draw conclusions as to what difficulties are apt to arise in these patients? What is your experience in treating the breasts and with lactation? Can you give us a comprehensive paper on lacerations, their detection and cure?

It seems to me most of these questions belong to an allopath to answer. They do not apply to a pure homœopath. A pure homœopath gives the indicated remedy (if he can find it), prescribed upon the totality of the symptoms, whether it be a case of hæmorrhage, sepsis or a simple psoric condition or what not. The best way to treat the patient is to give the indicated chronic remedy during pregnancy, and follow it up according to law; the labor then will be comparatively easy, free from hæmorrhage, sepsis or any other abnormal condition except possibly that relating to the bones of the pelvis. The child will be healthier, and the puerperal state will need no other treatment than a higher potency possibly of the chronic remedy. No pure homœopath who understands his business will use douches. A good homœopath does not work from the outside; he works from within, and gets at the root of the evil with the right homœopathic remedy, brings on discharges, if necessary, instead of suppressing them by douches, and cures from within out.

CASE OF ABORTION.

Mrs. M., colored, called a doctor from the dispensary. I was sent. Upon arrival at 4 P. M. I found her in labor in about the

fourth month of pregnancy. She gave a history of having fallen on the walk a few days previous. Upon these symptoms she was given a dose of Arnica. After waiting some time on this remedy with no apparent results, she was given a dose of Pulsatilla 5m. Some two hours after the foetus was expelled, then there was a long wait on the placenta; the uterus held it as in a vise, after partial expulsion—an hour-glass contraction—during this time the patient fell asleep twice, and was laughing and joking when awake, apparently suffering no inconvenience from the situation, and not any pain. It was the doctor who was suffering for the long wait, not the patient, for it was getting into the “wee sma’ hours;” things seemed to be at a standstill, when the patient expressed a desire to get upon her knees, which she was allowed to do, and soon the placenta was expelled. Upon examination it was found to have been fastened at the back, and this accounted for the slowness of the explosion. The medicine in an infinitesimal dose was doing its work in such a mild manner that the patient was all unconscious of it. What wonderful surgery! Could the hand of man ever equal it? I made daily visits on this case for eight days, as was the rule, and I could not keep this patient in bed. Before the week was up I called one morning and found the patient with some sewing down stairs. As I entered she flew up stairs, knowing it was against my rules for her to be out of bed before the eight days were up. She made an uneventful and rapid recovery. Such is the wonderful power of high potency Homœopathy.

Obstetrical Confidence.

W. A. YINGLING, M. D., EMPORIA, KANSAS.

The doctor of the old school when thoroughly converted to the teachings of the Organon generally makes a bold and exclusive homœopath. The doctor of the new school who has had no experience in the practice of the dominant, and is not thoroughly versed in the teachings of Hahnemann, very often makes a weak and mongrel homœopath. The reason of this lies in the fact of observation and experience. The doctor of the old school is well cognizant of the therapeutic short-comings, the uncertainty con-

sequent upon the absence of a guiding law and the failures of the practical application of the teachings of so-called "scientific medicine." In a word, he "has been there," and knows from sad personal experience that no reliance can be placed upon the teachings of the regular (?) school. He has "tried this" and "tried that," and has "done something" in his anxiety to give relief to the patient, to learn after repeated trials that he is still in the mire of uncertainty. He has learned by sad and vexing experience that the reason of "this *ought* to do good," or that some other patient with the same pathological condition has "satisfactorily improved" on "this line of treatment," is not a law of cure and not only unreliable but decidedly harassing to the conscience of an honest man. Out of the regular routine of morphine, calomel and quinine he is at sea without chart or rudder, tossed about by the constant conflict between hope and despair, the hope usually predominant during the reasoning process and despair during the practical. He knows there is no use to go back to the fleshpots of dark Egypt for help when his knowledge of the homœopathic Materia Medica fails to give relief; like old Mother Hubbard when she went to the cupboard she found it bare, and "the poor little doggy did not get any." So, remembering his old-time failures, he does what all sensible practitioners should do, he goes to the study of his Materia Medica to select the one remedy covering the totality of symptoms of the patient. If he fails, he knows the fault is his own and not that of the law of cure. Ah! there's the rub; it's not comforting to acknowledge oneself incompetent.

On the other hand the homœopathic practitioner who is not versed in the devious ways and meandering "tries" of the boasting regular (?), will naturally think the crowd makes for certainty in results as well as in bluster, and in his nervous state consequent upon his inability to find the curative remedy will, in ignorance of the dilemma of his confrere of the old school, hastily and erroneously conclude that the help for Macedonia is to come from the covered and unacknowledged failures of scientific therapeutics. He becomes a trier of all the patent proprietary medicines and compounds in hope of finding the specific for pathological conditions and diagnostic names. In this sad fate he is more honest

than in his former state, for here in he acknowledges his ignorance and believes a post-graduate course at some scientific college will prepare him to meet with success ; but failure is ever the same, and he forever remains a trier of compounds to the enrichment of the proprietary chemist.

In relating a case of puerperal hemorrhage of the Ipecac kind that so frightens the incompetent and incredulous practitioner, and giving the indications for the remedy without mechanical adjuncts or palliatives with the usual prompt response to the correct remedy, one of the listeners vehemently remarked: "I could not do that. I would have had to be doing something. I could not wait on the action of the remedy," as though the correct remedy was not doing *something* and doing the very best something possible in the case, for in less time than it takes to write of the event the remedy checked the flow and removed all danger. There is nothing under the heavens that can stop a flow of blood as quickly as the homœopathic remedy. But right here is the fault and weakness of so many homœopathic practitioners, the feeling that something tangible must be done. As long as they are doing "something," something active and tangible, even though the blood continues to flow and the poor woman to end her life, the frightened doctor feels that "all is being done that can be done in such a very serious case," and he goes to his bed to sleep the sweet sleep of innocence, ignorant of the fact that the **Homœopathy** he doubts, could have saved a precious life and saved him from a doubtful position in the great day when our ignorance will be a very poor excuse for the failures of life and duty. Will the want of faith be any more of an excuse in the domain of duty as a physician than in the domain of religion? The lack of faith is the greatest sin in the whole category, for "he that doubts is damned already." How will it be with those who might have known of the better way, but allow prejudice and bias to sway them?

One evening I was hastily called to help a stampeded regular (?) in a case of retained placenta following abortion. The messenger said the woman was surely dying, and I had ten dreary miles before me over the plains of Western Kansas. It is little to say I was provoked on arriving at the house of supposed death. I ex-

pected to find a serious state of affairs, and possibly weeping on account of the untimely death. I found a buxom woman of about five-and-thirty years, cool, expectant and without a drop of blood flowing, but with a retained three months' placenta. I also found a scientific doctor in over-excitement, trembling, befuddled and "doing something" to prevent what he feared to be certain death if the placenta was not immediately forthcoming. If the cavity had been large enough he would surely have entered it bodily to secure the offending secundines, but being unable to do so, he, no doubt, remembering the effective pull of the dentist, had a pair of dental forceps holding not the placenta, but the cervix, and pulling like a puppy at a root. I was greeted with the assurance, "I've got it. doctor; I've got it." One glance told me he had it sure enough, but the womb instead of the scare-crow that frightens so many uninformed accouchers. On remonstrating he released the viscus, settling back in a chair completely exhausted and in despair. Upon examination I found the uterus completely closed and squeezing the afterbirth so closely that it was impossible for a drop of blood to pass. I had very much trouble to convince him that there was actually no danger, and that the only hope of its proper removal was time, patience and the indicated remedy. Upon assuming all due responsibility and administering Sepia, we all retired to bed and much needed rest. In twelve hours after the administration of Sepia the whole placenta was found to be in the vagina, and without any hæmorrhage. The woman made a very rapid recovery without incident.

What would have been the outcome if the crazy doctor had effectively accomplished the "doing something" with the dental forceps he was using on my arrival, the many sad cases in the history of women alone can tell. Or if one of those cold-blooded, would-be surgeons, whose highest pride is his nerve, had been in attendance with his curette, forcibly dilating and cleaning out the womb; while being more scientific *secundum artem*, would it have been as effective and safe as the result of confidence in the curative homeopathic remedy? The many cases of metritis and blood poisoning in such cases can intelligently answer to the satisfaction of the unbiased and experienced physician. This unreasoning

impulse to be "doing something" has accomplished more mischief and harm in obstetrical practice than the absolute reliance on the powers of nature alone to remedy the defect and restore health.

Those who have abided the action of the homeopathic indicated remedy know with what magic promptness and potency they get results in the relief of these patients. Often it seems incredible to those who stand by and see, so much so that the ignorant say it was a happy coincidence, that the time of the change happened to come just at the moment the remedy was administered. Yet is it not better to rely on the indicated potentized remedy and get such happy coincidents, than to be the unlucky fellow with frequent horrid cases of blood poisoning and metritis following the "do something" plan? There may be and probably is more ready money in the "do something" plan, but a doctor with a conscience and an abiding hope of future bliss prefers the better way, and in the long run will get more money.

The only way to acquire confidence in the homœopathic care of these trying cases is to be well enough posted in the *Materia Medica* covering such emergencies as to promptly meet them without hesitation, and to put the matter to the test of actual experience. The man who honestly does this will become cool as an evening breeze and as bold as the most intrepid warrior. The time to study is not in the presence of the emergency. Be posted, and when the emergency comes act with promptness, wisdom and confidence in the selection of the indicated homœopathic remedy. Victory and a clear conscience will be yours.

Haemorrhage During or Following Labor: Prevention and Treatment.

BELLE GURNEY, M. D., CHICAGO, ILL.

Hæmorrhage at this time is fraught with great danger, either during or following labor, a condition which permits of no delay, but must be met promptly and controlled or the patient is beyond help.

The doctor cannot stop to think or go home and read up; he must "know how" beforehand.

Of all places a doctor should not "lose his head" this is one of most importance. The more severe the hæmorrhage the more self-possession is necessary on the part of the accoucheur.

A wise physician will be prepared for such an emergency. He should always have some things in his case to meet such conditions.

If the patient is in his care during gestation he should ascertain if she is of a hæmorrhagic diathesis and try to overcome the tendency beforehand, by the administration of properly selected remedies.

It is not necessary for me to suggest any of them, as the prescription must be based wholly on the totality of the symptoms.

Homœopathy when employed has greatly lessened the mortality.

Hæmorrhage may be due to hæmorrhagic diathesis, to partial separation of placenta, placenta prævia, uterine atony or some other complication, mental or physical.

The physician should always be on the alert, as there may be internal hæmorrhage, the blood being retained in the uterus due to some obstruction, and before he is aware of it the patient is in a state of collapse. Some of the symptoms are acute pain, collapse, great distention of fundus of uterus, rigors, faintness, noises in the ears, etc.

It is easy to detect hæmorrhage when the blood is pouring out freely, then he does not need the other symptoms, except to show the amount of prostration. Some women can endure a very large loss of blood with very little systemic disturbance; others seem entirely devitalized with small loss.

Accidental hæmorrhage may be distinguished from placenta prævia by the following symptoms:

Placenta prævia has hæmorrhage severe *during* the pain, nearly ceasing with cessation of the pain. In accidental hæmorrhage it is worse between the pains, nearly ceasing with the beginning of the pain, which closes the bleeding vessels.

I shall not consider placenta prævia; it is a subject deserving a paper alone.

Should hæmorrhage ever so slight occur before the expected termination of gestation, put the patient to bed, keep in recum-

bent position, quiet; carefully select the remedies, and the patient can usually be carried through to full term.

If these measures fail and hæmorrhage is severe, he may resort to vaginal tamponing or inducing labor, both of which are familiar to the physician; if not he will be wise if he gives it special attention. This paper would be altogether too lengthy if I undertook the consideration of both.

To prevent hæmorrhage following delivery I grasp the fundus uteri firmly with my hand as soon as the child is expelled, holding it, or having it held down by an attendant for at least a half hour, even though the placenta has been delivered. This causes contraction, thereby closing the mouths of the leaking blood vessels.

I never loosen my hold on the fundus for a moment, for in that moment the uterus may balloon and open the gaping vessels, and before one is aware of it the mischief is done.

I have never had a hæmorrhage when I followed this method.

If hæmorrhage is in progress grasp the uterus from above with one hand, using the other as a plug per vaginum if necessary.

A good fountain syringe should be ready, with water as hot as can be borne by the hand (there is no time for testing with the thermometer), for intra-uterine injections of hot water will usually allay hæmorrhage and be wonderfully soothing to the patient. Packing may be necessary to stimulate contraction, especially after abortions or miscarriages. If part of placenta is retained remove it, and often that will be the only treatment or remedy needed.

No matter what other means I employ, the remedy suited to the case is administered; even in collapse I have seized my bottle in my blood besmeared fingers and poured some of the pellets into lips that were cold and seeming almost moribund, and to my delight have seen them respond almost immediately. One must know some of the leading symptoms of the hæmorrhage in remedies which have a special action on these conditions. I never use ice or cold in these conditions.

The patient is already below normal and should not be subject-

ed to the dangers of cold. I had one experience of this kind; that was enough.

Mrs. A., age thirty, tubercular; miscarried $3\frac{1}{2}$ months; hæmorrhage several hours; cold packs and ice used. When I arrived she was in collapse; whole abdomen and bed covered with ice cold clotted blood; fainting often during the hæmorrhage. I gave China 30, began curetting, had to stop several times to revive patient with a dose of China, used injections of hot water, packed, cleaned patient up; no more hæmorrhage, but pneumonia ensued and threatened to carry off the patient I had brought back to life.

Following are some of the keynotes to a few of the remedies; others may have the same symptoms, but these are marked and will often be of service if remembered:

Acon.—Blood bright red, hot gushing, fear of death.

Bell.—Bright red, clots at once.

Ipec.—Bright red, with nausea.

Phos.—Bright red, *pouring* out.

Cham.—Dark, clotted; cross.

China.—Dark, clotted, ringing in ears.

Crocus.—Dark, stringy.

Fer., Ham.—Dark, part fluid, part clotted.

Puls.—Dark clots; cries, must have fresh air.

Sab.—Bright red or mixed clots.

Arn.—Bright or clotted, due to injury.

Bry.—Dark, great thirst; can not even raise head from pillow.

Sec.—Dark, thin fluid, foetid.

Gelsemium.

S. F. SHANNON, M. D., PHILADELPHIA, PA.

This remedy is a preparation of the yellow jessmine. Its primary action is paralysis of the motor nerves. In poisoning cases the mind is at first clear, or there may be a slightly stupefied condition, as if one were intoxicated; there is a sluggishness of the thoughts and of the emotions. Should the action of the drug be continued we will find that the sphincters become relaxed, the anus remaining open and permitting the escape of

fæces; the urine escapes freely and involuntarily. Later respiration becomes impaired, as though the muscles had not power to lift the chest; finally the heart muscles become involved and in a short time give out and the patient dies. We therefore class this remedy as a depressant.

It acts upon the cerebro-spinal system, especially upon the anterior columns of the cord. Through the vaso-motor nerves it produces passive congestion, and this congestion may be either venous or arterial. It has also an affinity for the mucous surfaces, as is shown in its power to cure catarrhal inflammations.

Mentally we find dullness of the mind, which is relieved by a profuse flow of colorless urine; incapacity to think or to fix the attention; a sensation of intoxication with diarrhoea. The patient desires to be left alone; is irritable, sensitive; melancholic and despairing mood; solicitude about the present and the future; there is fear of death.

Sometimes we find inability to attend to anything requiring thought. There is apt to be a lack of courage.

Gelsemium is useful for the bad effects of fright or the hearing of bad news. This may even result in abortion, or may only cause diarrhoea.

It is a good remedy for those who have a dread of appearing in public or who suffer from the anticipation of any unusual ordeal.

Again, it may be used for the effects of grief, especially for those who cannot give vent to their grief in tears, and are worse from consolation.

The headaches present the following symptoms: Migraine, passive congestion to the brain, headaches, beginning in the nape of the neck and settling down over the eyes; there is usually stiff neck.

Headaches, worse in the morning.

Patient cannot concentrate his thoughts on anything; he is listless and stupid.

There is dizziness, with blurred sight and heaviness of the head, relieved by copious urination, as also by shaking the head.

Sensation, of a band tied around the forehead.

Sensitive, bruised sensation in the brain.

Nervous headache from emotional excitement.

Sun headaches; patient finds himself becoming blind previous to the attack.

Swimming, tearing sensation, as in sea-sickness, staggering, as if drunk, on attempting to move.

Roaring in the ears.

Wants to lie perfectly still in bed with his head raised.

Head feels as if enlarged.

Neuralgic headaches, beginning in the upper cervical spine, extending over the head, causing bursting pains in the forehead and eyeballs, with nausea; vomiting, cold sweat and cold feet.

Headaches from astigmatism, diplopia, paralysis of the oculomotor and abducens muscles.

Alcoholic stimulants improve pains for the time being, worse from any excitement.

Headaches are always relieved by profuse urination, and they are usually accompanied by double vision.

Some of the similar remedies are Ignatia and Sanguinaria, which each have relief by profuse urination.

Headaches, beginning with blindness, may call for Kali bich. or Natrum mur. as well as Gelsemium.

Belladonna has relief of the headache by lying with the head turned to the side opposite to that part of the head where the pain is. The Belladonna pains characteristically come and go suddenly.

Argentum met., Platinum, Stannum, Stramonium and Strontia have pains coming on rather suddenly, but they decrease gradually.

Another condition of the head for which Gelsemium is useful is cerebro-spinal-meningitis at the very outset.

There is a severe chill, followed by congestion of the brain and spinal cord; livid cheeks, dilated pupils, little or no thirst, perfect loss of strength and great exhaustion, staggering gait, dullness of speech, icy coldness of the hands and feet, pulse is very weak or hardly perceptible, laborious and weak respiration, nausea and

vomiting, eyelids close involuntarily in spite of all he can do, itching of the head, face and neck, sweating relieves.

The mental faculties retain their activity, though their power over the muscles is lessened or impaired.

He cannot direct the movement of his limbs with precision.

Child wishes to be let alone, wants to lie still.

The head is hot, but the hands and feet are cool.

Face is red and suffused. The eyes are dull.

Tongue is coated a yellowish white; no thirst.

Breath is hot and sometimes offensive. The patient is sleepy, drowsy, sometimes comatose.

During sleep there are convulsive motions.

Creeps and flushes run up the back.

There is more or less moisture of the skin, especially in the palms of the hands and in the axillæ.

Pulse is at first depressed, but later it is frequent and soft.

Meningitis occurring in summer or during warm weather, with southerly or southeasterly winds.

Under sight and eyes we find aversion to light, especially to candle light.

Double vision, which is sometimes controlled by efforts of the will.

For choroiditis it is useful, especially for serous choroiditis, with dull pain in or about the eyes and extending to the back of the head, and which is relieved by hot applications, but not by cold ones.

Impairment of vision gradually developed and not characterized by changes either for better or worse.

Heaviness of lids.

Inability to accommodate the eye quickly for sudden changes in distances.

Asthenopic symptoms are not marked, but there is great irritability of the eyes resulting from want of tone or energy of the muscular structures constituting a passive rather than an active asthenopia.

General feeling of depression and lassitude not relieved by food or stimulants.

Again, we find this a good remedy for ptosis, especially should it be due to congestion of the brain coming on after an attack of ophthalmia (Conium, Morphia, Rhus tox., Sepia, Spigelia and Veratrum album are also useful for ptosis).

Gelsemium is useful for catarrhs, especially those resulting from warm, moist, relaxing weather.

Excoriating discharge from the nose, making the nostrils and wings of the nose raw and sore.

Frequent sneezing.

Throat sore. Tonsils are red and somewhat tumefied.

Difficulty in swallowing owing to a paretic state of the muscles.

Great prostration. Violent morning paroxysms of sneezing.

Fullness at the root of the nose.

Pains from throat extend to the neck and clavicles.

Difficult swallowing, pains extend up into the ears.

Coryza or neuralgia in spring or summer weather.

Fever, but little thirst.

Chilliness, especially up and down the back in successive waves.

The Gelsemium patient usually has a flushed and hot face; the expression is heavy, dull, drowsy.

There is a crimson flush color to the face in whatever position the patient assumes.

Useful for neuralgia when the pain is in the right temple, gradually growing more severe and extending into the right ear and spreading from thence into the eye and side of the head. These parts are affected alternately. Finally the pain settles in the right wing of the nose, where the paroxysms become very severe.

Or, again, there may be sudden acute pains traceable from the region of the ear and the side of the head to the supra-orbital region; still at other times to the chin and front of the lower jaw.

The pains fly from one branch of the fifth pair of nerves to another branch without any order as to succession, the pains being more or less constantly present and starting from the region of the ear or temple.

Or, there may be sharp, shooting pains through the face, eyes

and head, which feel like neuralgic pains. The face is congested and of a dark or dusky hue.

The headache begins in the nape of the neck quite suddenly and spreads from thence over the head or vice versa.

There is dimness of vision, heaviness of the head, vertigo, stupor, dull expression of the countenance, powerlessness of the muscles. The pains are usually worse from motion, as eating, laughing or crying.

Gelsemium may be used for soreness of the throat as an accompaniment of influenza. There is soreness of the throat felt at the upper part of the left tonsil, extending thence across the soft palate, along the left nostril, attended at each inspiration with a sensation, as if a stream of hot water rushed along the nasal passage of that side; the other nostril at the same time is stopped up.

Continuous accumulation of irritating mucus about the throat, hard, painful cough; shooting pain in the ears on swallowing, hardness of hearing, thirstlessness with the fever, worse at night.

For diarrhœa Gelsemium is of great use, especially when occurring in nervous persons who are subject to nervous chills, or when it occurs after sudden emotions, as grief, fright, bad news, the anticipation of any unusual ordeal, or when it occurs during dentition.

The stools are yellow, fœcal, bilious, cream colored, clay colored, the color of green tea, involuntary, fermented, with much wind; great nervous weakness more than the evacuations alone should cause.

Catarrhal diarrhœa, with spasmodic colic and tenesmus. The bowels are loose, but there is great difficulty in discharging anything, as if the sphincter ani were spasmodically closed.

Diarrhœas occurring in the evening.

Diarrhœa brought on while preparing to go to church or theatre. Aconite we find useful for these diarrhœas from mental emotions when caused by grief, fright, vexation or anger.

Colocynthis suits for diarrhœa from vexation or anger, indignation from grief or ill treatment.

Ignatia has much more urging to stool following upon fright or

excitement. In patients who are naturally timid and retiring. The diarrhœas are painless and are liable to become chronic.

Chamomilla for diarrhœas caused by attacks of anger.

Bryonia when caused by indignation and anger. Diarrhœas in hot weather in irritable, excitable persons.

Veratrum album, Coffea and Pulsatilla are also useful for this class of diarrhœas.

Gelsemium has chronic diarrhœas, with watery, thin, dark brown or dark green stools; little or no pain, brought on or made worse by an excitement. Chilliness in the back every day during the diarrhœa, but not at any fixed hour. Patient becomes much fatigued by a short walk and is nervous and prostrated.

Male Sexual Organs.—When there is complete loss of sexual power; spermatorrhœa from relaxation and debility.

Involuntary discharge of semen without any erection.

Seminal weakness from irritation of the seminal vesicles; emissions during stool.

Genitals are cold and relaxed. Pollutions almost every night from debility of the organs. Weakness and pain in the sacrum. Constipation.

For gonorrhœa it may be used in the very beginning when there is great pain and scanty discharge, or little pain with much heat.

The urine is voided in sufficient quantities rather frequently, with great smarting at the meatus; whitish discharge, severe erections, burning on urinating, gonorrhœal rheumatism, orchitis from suppression, gleet, with stricture of urethra; sensation after urinating, as if a few drops remained; the stream stops and starts again.

Female Sexual Organs.—Sensation as if uterus was grasped by a hand; sensation of heaviness in the uterine region, with increased leucorrhœal flow.

Useful in nervous, excitable, hysterical women who are victims of masturbation with depression of spirits and great languor.

Feeling of fullness in the hypogastrium and aching across the sacrum.

Sometimes we find a loss of voice during the menses. We use Gelsemium for dysmenorrhœa when there is vertigo, sick headache, faintness at the stomach, vomiting, congestion to the head,

deep, red face ; bearing down in the abdomen ; spasmodic neuralgic pains, cramps in the uterus and in the legs, general hysterical condition.

In the pregnant woman there may be threatened abortion from fright, from depressing emotions.

During labor we may use Gelsemium for rigid os. The os is thick and unyielding.

May be used for puerperal convulsions. The head feels very large, the spasms appear early because the os remains hard, thick and unyielding. Distressing pains from before backward and upward in the abdomen, although the os may be relaxed and the pulse be soft and full.

Convulsions, with unconsciousness ; the labor pains are nil ; the os is widely dilated, great lassitude, dull feeling in the forehead, fullness in the region of the medulla oblongata, albuminuria, with drowsiness and twitchings in various parts of the body ; dim vision or double vision.

Many of these symptoms also suggest the use of Kali phos., noticeably the sudden cessation of labor pains from nervousness, the rigid os, the puerperal convulsions. This remedy has proved wonderfully effective in all potencies, but preferably I have used the two hundredth with wonderful results.

Heart.—We find a feeling on dropping off to sleep, as if the heart would stop beating unless he got up and walked about. This is exactly the reverse of the symptom in Digitalis, as under the latter remedy the patient dare not make the least motion. Gelsemium is useful when the heart intermits every tenth beat ; also, sometimes there is a sensation as if the blood had ceased to circulate.

Gelsemium is an excellent remedy for hysterical convulsions, with spasms of the glottis ; hysterical epilepsy, excessive irritability of the mind and body, with vascular excitement ; semi-stupor, with languor and prostration ; nervous headaches, commencing in the occiput and spreading over the whole head ; migraine, dysmenorrhœa of the neuralgic or spasmodic character.

For paralysis Gelsemium is a most excellent remedy, especially for post-diphtheritic ; one side may be paralyzed ; in attempting to walk the child shuffles along as though she had no control over

the muscles; if she attempts to turn she falls; speech is thick and heavy, as if the tongue was too large for the mouth; there is apt to be strabismus; or for infantile paralysis, with complete relaxation of the whole muscular system; with enteric motor paralysis.

Giddiness and faintness, with pain in the neck; great drowsiness, loss of sight, muscles are weak and will not obey the will, feel sore or bruised; there is an unsteady gait, tingling, prickling, crawling; limbs are cold, locomotor ataxia, paraplegia; trembling of the hands on lifting them up; mental exertions cause a feeling of helplessness from brain weakness; there is usually no loss of sensation.

Fevers.—Gelsemium has proved invaluable for catarrhal fevers, for those of an intermittent character, for typhoid and for remittent fevers.

Simple uncomplicated cases of intermittent fever call for this remedy, especially when occurring in sensitive, nervous patients. There is marked periodicity, chill (without thirst) running up and down the back from the loins to the nape of the neck and to the occiput; cold hands and feet, headache, heat of the head and face, nervous chill, even though the skin is warm; the patient wants to be held tightly in order not to shake so much (*Lachesis*); burning heat, without thirst, with desire to lie still and sleep; feels so tired that the least exertion is objected to, semi-stupor during the long lasting heat, sweat is moderate or profuse, but relieves the pains, and is most profuse on the genitalia; thirst during the sweat, the apyrexia is short, great prostration of the muscular system.

It is indicated in the early stage of typhoid when there is great prostration of the vital forces, even at so early a stage, with a strange sensation in the head and continuous jactitation of the muscles; sleeplessness; he lies awake all night; patient feels sore and bruised all over, as though he had been pounded; dreads to move on account of the weakness; there is suffused red face, trembling from weakness, slow pulse, which becomes quickened by lifting or moving the patient; chills and crawls, which go up and down the back; feeling of expansion, as though the head or some part of the body were enormously enlarged; severe pain in the head, back and limbs, with extreme lassitude, chilliness and

afternoon fever; sticky, clammy, feverish taste; tongue is red and raw, painful in the centre; patient can hardly protrude it; distension of the abdomen, with pain and nausea; diarrhoea, bilious, foetid, fermented, with much flatus and much nervous weakness; more than the stools would cause. Post-typhoid intermittents. It follows Baptisia well.

For relapsing fever when there is a prevalence of nervous symptoms from the start; chills along the spine, with cold extremities and heat of the head and face, with dull headache, followed by flying heat and pricking of the skin, and then sweat sometimes profuse and long lasting; dry mouth, foetid breath, coated tongue, mental faculties are dull; there is languor and drowsiness. The chills occur usually from 4 to 5 P. M.

Scarlet fever may require Gelsemium, especially for asthenic forms. There is intense fever, with nervous erythsm, during the prodromal stage, followed by profound prostration of the muscular powers; cerebral intoxication; pulse is frequent, soft, weak, sometimes filliform. Vision is impaired. Heat, with languor and drowsiness. Crimson flush of the face in all positions; heavy looking suffused eyes. Throat feels as if swollen and filled up; diffusely red. Tonsils are red and swollen, with pains shooting into the ears on swallowing; delirious muttering when asleep or when half awake. Spasms and paralysis. When the eruption recedes the internal organs suffer.

Gelsemium may be used in the eruptive stage of measles when there is chilliness; watery discharge from the nose excoriating the wings of the nose and also the upper lip. There is hoarseness, with a feeling of soreness in the throat and chest. Rawness of the chest, with cough. Retroceding eruption, with livid spots. Dullness of the brain. Abdominal and thoracic congestion. Fever heat, with drowsiness, languor and oppression. Dull pains in the head, back and limbs. **Head feels large and full. Pulse is full and soft.** Tongue has a soft white fur. Drowsiness, with suffused face. Hard, barking, croupy cough and hoarseness. Antidotes are Atropia, Cinchona, Coffea, Digitalis, Nux vomica, salt, stimulants, galvanism.

It antagonizes Atropia and Opium.

Compatible remedies are Baptisia and Ipecacuanha.

The Medical Advance

AND

Journal of Homeopathics.

A Monthly Journal of Hahnemannian Homeopathy

When we have to do with an art whose end is the saving of human life any neglect to make ourselves thoroughly masters of it becomes a crime.—
HAHNEMANN.

Subscription - - - - Two Dollars Per Annum

The editor is responsible for the dignity and courtesy of the magazine, but not for the opinions of contributors.

The Advance does not send sample copies unless asked for, and has no free list. It is published for the medical profession in the interests of a purer homeopathy, of scientific therapeutics.

To accommodate both reader and publisher this journal will be sent until arrears are paid and it is ordered discontinued.

Contributions, Exchanges, Books for Review and all Communications should be addressed to the Editor, 5142 Washington Avenue, Chicago.

Communications regarding Subscriptions and Advertisements should be sent to Lancaster, Pa., or 5142 Washington Ave., Chicago.

DECEMBER, 1903.

A Macedonian Cry.

The following stirring appeal for homeopaths to fill the gaps in the ranks caused by the fell destroyer comes to us from across the border. The cry is earnest but is not the first by any means, and we fear it will not be the last:

Hamilton, Ontario, 136 St. James St., Nov. 6, 1903.

Editors MEDICAL ADVANCE:

There are several splendid openings in Ontario. Can you not send us some good homeopathic representatives to fill them? St. Thomas, 16,000; Brantford, 13,000; Kingston, 40,000, have only one man in each city, and of course they are growing old. St. Catharines, 14,000; Guelph, 14,000, have no representatives; but the field is good, for they have been occupied for over forty years by good men who have recently died. If the field were advertised in the American colleges could we not get some new blood over here? The examinations of the Medical Council are stiff but eminently fair, while the homeopathic part is conducted by our own men. The fees are \$100.

ARTHUR E. WICKENS.

The rules of the Medical Council of the College of Physicians and Surgeons of Ontario, and, in fact, nearly every other part of Canada and of the British Empire, are so framed that under present conditions graduates of American colleges are practically prohibited. After a four years' course of college attendance in any American college the graduate must attend one year in some Canadian school before he can be admitted to examination. Not one American graduate in one hundred will submit to such terms, especially when there are just as good or even better locations in his native land. But aside from the laws and rules of the licensing bodies there are other and higher considerations which are practically prohibitive. Few men or women, especially such as make genuine progressive homeopaths, would abandon their country, nationality, citizenship and love of home even for the privilege of sowing the seeds of similia in a fruitful soil already well prepared. No! the field cannot be planted in that way; the harvest is never so well reaped as when reaped by the sower. Let us bring this matter home where it belongs.

The old Puritan motto applies here: "Trust in God, but keep your powder dry." "The Lord helps those who help themselves." "I have observed that Providence favors the heaviest battalions," said Napoleon. To bring this home, neither Canada, Great Britain, France, Germany nor any country in Europe will ever advance in Homeopathy until they take steps to educate and graduate their own men and women in a homeopathic college. There is only one real genuine reason why we should not have a homeopathic college in Toronto, London, Paris, Berlin, and that is *lack of enterprise, energy, esprit de corps* in the homeopathic profession. In and around Toronto there are enough homeopaths to form a good faculty, and the same is true of London. Of course, some hard work will be required to obtain a charter, but with work it can be accomplished. It will never be done if we await the sweet pleasure of our allopathic colleagues. If we want a homeopathic college in Canada or England we must make it ourselves. They have one in Mexico and Calcutta, and the same spirit will establish one in Toronto or London. How many colleges would we have in the United States if we had waited until

they were established by the allopaths? Wake up! homeopaths, from your Rip Van Winkle siesta. You are a century behind the age in which you live. You will never have "new blood" fill your sluggish homeopathic veins, if you wait for it to come, as it comes today, via, the allopathic channel. It is your own fault. Do not blame the allopaths; they are not working for Homeopathy; they are not building our colleges. In London they have one of the best equipped homeopathic hospitals in the world, and it is paid for. For a number of years an unexcelled course of lectures have been given on Homeopathy; its history, principles and practice. Clinical instruction and post-graduate work have been carried on, giving their colleagues of other schools of practice an opportunity to investigate applied Homeopathy. One would think such privileges would be eagerly sought by men in search of a more advanced and scientific method of cure. But they are not.

Every homeopathic student in Great Britain must first become an allopath before he can study and investigate Homeopathy, and after five years of constant drill in empirical therapeutics, not one in fifty has the spirit to break the fetters of traditional dogmatism and investigate a new system that has already been condemned as a humbug. It is not human nature. We must not expect too much. "Water does not run up hill." Homeopaths can be educated in Toronto and London as well as in Chicago, but not in allopathic colleges. Where there is a will there will be a way. Let homeopaths establish a homeopathic college and begin the making of homeopathic colleagues *de novo*. Some sacrifices of time, money and leisure will be required, but such work for a cause, a principle, has been done in every age and every reformation, and Homeopathy need not be an exception.

Antitoxin in Diphtheria.

The able paper by Dr. Stuart Close, of Brooklyn, on "Drug Disease and Compulsory Medicine," finds a timely confirmation in the weekly bulletin of the health department of Chicago, which urges a wider and more universal use of antitoxin in this disease, and says:

It is true that since the introduction of antitoxin in the treatment and prevention of diphtheria its mortality rate has been reduced by nearly one-half—that is, from an annual average of 6.25 deaths in every 10,000 of the population in the seven years, 1889-1895, to an annual average of 3.24 in the seven years, 1896-1902, of antitoxin treatment. But this is not enough. The seven years' experience clearly proves that no child should—that no child ever did die of diphtheria when treated early enough with a sufficient quantity of good antitoxin.

That the responsible head of the health department of the City of Chicago should publish as a fact, "that no child should ever die of diphtheria when treated early enough with a sufficient quantity of good antitoxin," seems almost incredible. On this assurance the daily press urges that "families should be taught to use it on the first appearance of sore throat symptoms" whether there is a suggestion of diphtheria or not; and this is a stepping stone to its compulsory use on the first provocation. If our readers will have Dr. Close paper reprinted in their local dailies or weeklies it may stem the tide, at least, until more complete returns can be had, for many leading practitioners in the dominant school have abandoned its use and condemned it as both unsafe and unscientific.

NEW PUBLICATIONS.

A COMPEND OF HUMAN ANATOMY. By Samuel O. L. Potter, M. A., M. D., M. R. C. P., London. Seventh edition. Revised and enlarged. 16mo., pp. 372. P. Blakiston's Son & Co., Philadelphia, 1903. Price, 80 cents, net.

The fact that Potter's Compend of Human Anatomy has met with continued and almost universal favor among students and instructors since its first appearance twenty years ago, proves it to be one of the most practical abridged treatise ever published on this subject. The present edition has been entirely rewritten and brought up to date, and, besides numerous additions to the text, the illustrations have been increased from 117 to 138 in number. The tables and plates heretofore published in an appendix have been given their natural positions in the text, adding much to the convenience of the work.

F.

A COMPEND OF DISEASES OF THE SKIN. By Jay F. Schamberg, A. B., M. D. Third edition, revised and enlarged, with 106 illustrations. 16mo., pp. 291. P. Blakiston's Son & Co., Philadelphia, 1903. Price, 80 cents, net.

The therapeutic measures laid down in this little book are entirely for the old school, and do not interest those who practice according to the teachings of Hahnemann and his most successful followers, but as far as etiology, pathology, diagnosis, etc., are concerned, the work is all that it claims to be, namely, "A Rapid Reference Work and Key to Dermatology," for both practitioner and student. It is written in succinct yet readable form, and especial attention has been given to differential diagnosis. The illustrations are also a very helpful feature. F.

A TEXT-BOOK OF PRACTICAL GYNECOLOGY FOR PRACTITIONERS AND STUDENTS. By D. Tod Gilliam, M. D., Professor of Gynecology in Starling Medical College, Columbus, O.; Gynecologist to St. Anthony and St. Francis Hospitals, Columbus; Fellow of the American Association of Obstetricians and Gynecologists; member of the American Medical Association of the Ninth International Medical Congress, and of the Pan-American Medical Congress; Honorary Member of the Northwestern Medical Association; Consulting Gynecologist to Park View Sanitarium, etc. Royal octavo pages, xvi-634. Illustrated with 350 engravings, a colored frontispiece, and 7 full-page half-tone plates. Extra cloth, \$4.00, net; half-Russian, \$5.00, net, delivered. Philadelphia: F. A. Davis Company, Publishers, 1914-10 Cherry street.

This is a concise, practical work by a practical teacher, and adapted to the needs of a busy man. Ancient matter and mooted questions do not appear to find a place, while the technique is sufficiently varied to meet the requirements of the operator. The book is divided into fifty chapters, well illustrated, and embraces the entire field of practical operative gynecology.

Chapter I., containing the "General Causes of Diseases in Woman," exposes many plain truths regarding the social state and dress of women as causes of health derangements from which

many valuable hints may be gleaned. "Civilized woman is not what she ought to be nor what she might be, by reason of dereliction in dress," and many other practical conclusions are drawn from this admirable condensation. In fact, this chapter of preventive gynecology is well worth the cost of the entire volume, and we congratulate the author on his advanced position in his specialty. The "Infections of the Fallopian Tubes," both specific and tubercular, are especially clear and instructive and will well repay careful study.

The illustrations are admirable, and the mechanical execution could scarcely be improved. In fact, both author and publisher leave little to be desired in this text-book of Practical Gynecology.

NEWS NOTES AND ITEMS.

EVERYBODY'S MAGAZINE FOR DECEMBER.—The new publishers of *Everybody's Magazine* declare the holiday issue of the publication to be much the best they have yet produced. It is not the typical Christmas number made up of stilted fiction and pictures of the festival in many lands, but an especially lively and entertaining magazine, full of really good stories, clever pictures, and well-written and timely articles.

The Pennoyer Sanitarium, one of the oldest, wealthiest and best known homeopathic institutions in the West, has taken a forward step for which the homeopathic profession will be very grateful. It has opened a department for the care of mental and nervous diseases, and secured the services of Dr. G. F. Adams, late assistant physician at Westboro, Mass., and Gowanda, N. Y., one of our ablest specialists, to give special attention to these patients. Dr. Adams takes charge January 1, 1904, as secretary and associate manager, becoming a stockholder; thus assuring a first class private sanitarium to which patients suffering from mental, nervous or drug diseases may be sent. This supplies a long-felt want; for while in the East a number of private resorts for these patients are to be had, there have been none in the West, and we think it will be duly appreciated.

A rare opportunity is offered to make a valuable addition to your library, in the advertisement in this issue of the Treasurer of the I. A. H. There are complete sets and odd volumes of the Transactions, containing the pathogeneses of new remedies or re-proving of old ones, such as Dulcamara, Melandrinum, the X-ray, etc., not yet incorporated in the standard works on *Materia Medica*. See advertising page 4, and secure them now.

"A journal is what its contributors make it," has never been better illustrated than in the pages of THE ADVANCE for 1903. For their contributions both editors and readers are under many obligations, and with their continued good work, we hope to make 1904 a banner year for Hahnemannian Homeopathy. As the only journal in our school devoted to pure Homeopathy our ideals are as high as our potencies; but we hope to reach them. In order to accomplish this we need "the sinues of war," and need it promptly, from several hundred subscribers who apparently have forgotten that some one must pay the printer. IF THIS MEANS YOU, please send us a money order while you think of it, so as to have and give a Happy New Year!

HORACE M. PAINE, A. M., M. D., died at the home of his son, Atlanta, Ga., December 3d, aged 76. He was born at Paris, Oneida Co., N. Y., November 19, 1827. He graduated from the University of the city of New York in 1849; began practice at Albany, removed to Clinton, N. Y., and returned to Albany in 1865, where he remained in active practice for thirty years. He was one of the ablest organizers the homeopathic profession ever had in New York, and much of the high standing of the profession in that State is due to his work at Albany. The elevation of Homeopathy was his watchword, for which he labored indefatigably. The unification of the standards of medical education and the state supervision of medical licensure were perhaps his great work. He was twice appointed by the Board of Regents a member of the State Homeopathic Examiners, on which he served twenty-one years.

Index to Volume XLI.

- Absent Symptoms, The, J. W. Campbell, 451.
- Acne, Rosacea, Sepia, 227.
- Acute Mania, D. C. M'Laren, 451.
- Adjectival Homeopathy (Editorial), 358.
- Administration of the Remedy, The, J. T. Kent, 539.
- Advertising Pages, Our, 648.
- Affirmative View of Vaccination, W. G. Steele, 280.
- Ague, Remote Effects of Suppressed, 289.
- Alcoholics, Frequency of Tuberculosis in, 189.
- Allen, H. C., Cause and Cure of Insanity, 394.
 Discussion of Dr. Cowperthwaite's Paper, 310.
 Discussion of Dr. Dienst's Paper, 331.
 Discussion of Dr. Kent's Paper, 323.
 Called to Paris, 290.
 Portrait of, 297.
 Psorinum, the Great Antipsoric, 63.
 The Teachings and Influence of Samuel Hahnemann, A Reply to Dr. Quine, 1.
 Tuberculinum, Insanity, 400.
- Allen, J. H., Clinical Cases, 17.
- Alliaume, C. E., Why So Much Liberal Homeopathy? 595.
- Allium Cepa, A Study of, J. T. Kent, 365.
- Allium Cepa in Hay Fever, 647.
- Aloes, Appendicitis, 611.
- Alumni Association, New York Homeopathic Medical College, Officers of, —.
- Alumina, Case, 34.
- Amalgam Poisoning, G. F. Thornhill, 179.
- American Institute of Homeopathy, Committees and Officers for 1904, 360.
- Angina Faucium, Sulphur, 625.
- Antimonium Crud., Asthma, 471.
- Antistreptococcus Serum, 143.
- Antitoxin: Diphtheria Cases, A. W. Vincent, 457.
- Antitoxin, Homeopathy vs., W. J. Martin, 214.
- Appendicitis, Aloes, 611.
 Curable by Medicine? P. C. Majumdar, 370.
 The Knife and the Remedy in, F. Wieland, 371, 524.
 Lycopodium, 612.
 Surgical Treatment of (Editorial), 146.
 Two Cases of, I. Dever, 611.
- Applauds the New Advance, W. A. McClelland, 489.
- Argentum Nitricum, Incontinence of Urine, 141.
- Arnica in Surgical Cases, 316.
- Arsenicum, Case, 139.
 Sarcoma, 619.
- Asafetida, Ulcer After a Burn, 386.
- Asarum Europeum, Vomiting of Pregnancy, 386.
- Ascites, Helleborus, 28.
- Asphyxia Neonatorum, Lachesis, 91.
 Antimonium Crud., 471.
- Asthma, Sulphur, 25.
- Aurand, S. H., Discussion of Dr. Cowperthwaite's Paper, 306.
 Discussion of Dr. Kent's Paper, 324.
- Aurum Case, 558.
- Autoprotection, The Folly of, 521.

- Axell, O. T., *Interesting Letter from Sweden*, 291.
- Bacillinum, Cases, 463, 464.
Ringworm, 254.
- Badiaga, *Verified Symptoms of*, 679.
- Baker, H. H., *Cure of Hay Fever*, 647.
- Banning, Carrie E., *The Mentality of Hahnemann*, 379.
- Barton, Clyde Edwin, *Interesting Letter from Japan*, 404.
- Baryta Acetica, *Neuralgia*, 435.
- Baryta Carbonica, *Sarcoma*, 619.
- Baylies, B. Le B., *Syphilis, A Case*, 18.
- Bechamp's Experiments, 510.
- Beginner With the Right Spirit, A, 288.
- Belding, R. E., *Incontinence of Urine*, 141.
- Belladonna and Bryonia Compared, 373.
Convulsions After Labor, 671.
- Bismuth, *Verified Symptoms of*, 679.
- Blackwood, A. E., *Discussion of Dr. Cowperthwaite's Paper*, 314.
- Bleim M. J., *Dr. Taylor's Paper on Kali iod.; Relief from Cold, Rhin.*, 52.
- Bleim, Letter, The, C. M. Boger, 150.
- Boger, C. M., *The Characteristics of Formica*, 613.
How to Use the Repertory, 663.
Is There a Law of Dose? 547.
Reply to Dr. Bleim, 150.
- Book Reviews:
The American Idea, Gilder, 57.
Archives of Pediatrics, 59.
Classified Index of the Homeopathic Materia Medica of Uro-Genital Diseases, Carleton, 490.
Clinical Treatise on the Pathology and Therapy of Disorders of Metabolism and Nutrition, C. Von Noorden, 154, 248, 655.
Compend of Diseases of the Skin, Schamberg, 712.
- Compend of Human Anatomy, Potter, 711.
- Constitutional Therapeutics, Woodward, 651.
- Consumption: How to Prevent It and How to Live With It, Davis, 654.
- Diseases of the Urinary Organs, Mitchell, 560.
- Handbook of Medical and Orthopedic Gymnastics, Wide, 202.
- Hay Fever: Its Prevention and Cure, Dickie, 423.
- Homeopathy; Especially in Its Relation to Diseases of Women or Gynecology, Skinner, 249.
- Homophonic Conversations in English, German, French and Italian, Waite, 491.
- International Homeopathic Medical Directory, 425.
- La Tuberculosis, Contagion, Heredite, Traitment, Jousset, 494.
- The Leaven in a Great City, Betts, 249.
- Manual of Childbed Nursing With Notes on Infant Feeding, Jewett, 153.
- Pathogenetic Microbes, Jousset, 492.
- Pearls of Homeopathy, Douglass, 152.
- Report on Medical Education and Official Register of Legally Qualified Physicians in Ills., 564.
- Syphilis; A Symposium, 57.
- Stepping Stones to Neurology, McIntyre, 105.
- Text-Book of Clinical Medicine, Principles and Diagnosis, Bartlett, 58.
- Text-Book of Minor Surgery, Including Bandaging, Nobles, 421.
- Text-Book of Practical Gynecology, Gilman, 712.
- The Theory and Practice of Medicine, Jones, 562.
- Transactions of the Homeopathic Medical Society of New York, 105.
- Transactions of the Homeopathic

- Medical Society of Penna., 248, 491.
 Uricacidaemia; Its Causes, Effects and Treatment, Dickie, 106.
 Vaccination, A Blunder in Poisons, Nichols, 424.
 Borax, Case, 125.
 Brachyglottis Repens, Verified Symptoms of, 680.
 Bresee, Dr., in His Own Defense, 185.
 Brooklyn Homeopathic Union, 290.
 Bryant, T. V., Information Wanted on Internal Vaccination, 354.
 Bryonia and Belladonna Compared, 373.
 Cases, 130, 465.
 Cough, 253.
 Typhoid Fever, 630.
 Bubonic Plague and Tuberculosis Due to Continued Vaccination, 519.
 Burn, Asafetida in Ulcer After, 386.
 Calcarea Carb. in Injuries, 316, 320.
 Calcarea Fluorica, Cysto-urethritis with Infiltration, 43.
 Calcarea Fluorica, Tibial Node. 26.
 Campbell, J. B., The Absent Symptoms, 451.
 Campbell, J. B., Miasmatic Recrudescence, 205.
 Cancer, Etiology of, R. T. Cooper, 384.
 Cancer, Uterine, Sepia, 225.
 Carr, C. S., Sero-Homeopaths, Editorial Approved by, 409.
 Cases for Counsel, N. Y., Central Hom. Society, 348.
 Cases from Practice, I. Dever, 225.
 Case, Erastus E., Answer to Question: What Is the Curative Power? 602.
 Case, Erastus E., Clinical Experience, 23.
 Case, Erastus E., Verified Symptoms, 679.
 Case, Erastus E., A Case of Sarcoma, 619.
 Catarrhal Inflammation, Sanguinaria, 435.
 Caught a Tartar (Editorial), 48.
 Cause of Tuberculosis, The (Editorial), 414.
 Cause and Cure of Insanity, H. C. Allen, 394.
 Causticum and Phosphoric Acid, Progressive Senile Paresis, 451.
 Ceanothus Amer., Verified Symptoms of, 680.
 Central N. Y. Homeopathic Society, Proceedings, 176, 215, 347, 389, 436.
 Center Shot, A; The Single Dose, J. E. Goss, 645.
 Chamomilla, Dystocia, 671.
 Characteristics of Formica, The, C. M. Boger, 613.
 Chelidonium Majus in Serous Effusion, Wm. L. Smith, 172.
 Children, In the Interest of, 636.
 Chemnitz, Albert A., An Ocular Demonstration, 447.
 China Cases, Schwartz, 124.
 China, Postpartum Hemorrhage, 671.
 Chloroform Antidoted by Phos., 322.
 Cholelithotomes, Two, 475.
 Cholera, Sulphur, 229.
 Cistus Canadensis, A Hint, 388.
 Clark, Geo. E., Comment on Dr. Fincke's X-ray Case, 200.
 Clark, Geo. E., Succussion in Potentiation, 646.
 Clarke, John H., Symptoms of Thyroidinum, 37.
 Clean and Rusty Weapons from the Homeopathic Armory, von Villers, 132.
 Cleveland and Small-pox, Figures About Vaccination that do Not Lie, A. N. Davis, 86.
 Climacteric, Nux Vom., 466.
 Clinical Cases, J. H. Allen, 17.
 J. Fitz-Matthew, 26.
 D. C. M'Laren, 36.
 L. M. Stanton, 33.
 A. F. Swan, 386.
 Clinical Cases from Practice, R. F. Rabe, 434.
 Clinical Cases, Some, Schwartz, 124.
 Clinical Cases: Suppressed Diphtheria, A. L. Hess, 256.
 Clinical Experience, E. E. Case, 23.
 Clinical Records of Peculiar Cases, S. L. Guild-Leggett, 682.

- Close, Stuart, Answer to Question, as to Whether the Vital Force Under Certain Conditions is Overwhelmed by the Indicated Remedy, 600.
- Close, Stuart, Drug Diseases and Compulsory Medicine, 570.
- Cobb, Harriet H., Hints on the Importance of Hygiene in Pregnancy, 673.
- Coffea, Miscarriage, 33.
- Colic, Stannum, 626.
- Collyer, A. E., Electricity, A Proving, 80.
- Colocynth, A Study of, J. T. Kent, 430.
- Colorado State Society, Resolutions of the Union of the "Pathies," 551.
- Commencement, Hering Medical College, 199.
- Comment and Criticism, 290, 243, 418, 489, 554, 645.
- Comment on Dr. Thornhill's Case, 216.
- Compulsory Medicine (Editorial), 95.
- Constipation, Magnesium Mur., 23.
Sepia, 23.
Silica, 468.
- Consumption, International Congress on, Rejected Paper for, 50.
- Convincing Cures, A Series of, P. B. Wallace, 466.
- Convincing Cures, Three, F. A. Gustafson, 253.
- Cooper, Robt. T., The Etiology of Cancer, 348.
- Cooper, Robt. T., Letter From, on Prescribing of Kali Jod., 55.
- Coryza, Silica, 35.
- Cough, Bryonia, 233.
Mercurius, 233.
Sanguinaria, 34.
- Cowperthwaite, A. C., The Study of the Physiological Action and Application of Drugs, 301.
- Crotalus Horridus, Case, 84.
- Croupous Pneumonia, A. and Its Lessons, R. E. S. Hayes, 460.
- Croupous Pneumonia, Lycopodium in, 460.
- Crumb From Our Workshop, H. A. Whitfield, 183.
- Cuprum Met., Verified Symptoms, 680.
- Cure of a Case of Suppressed Diphtheria, Amelia L. Hess, 256.
- Cutting, Chas. T., Once More the Similar, 91.
- Cyst-Abscess of the Ovary, 473.
- Cystitis, Bryonia, 27.
- Cysto-urethritis with Infiltration, L. C. Fritts, 43.
- Cysto-urethritis with Infiltration, Calcarea Fluor. in, 43.
- Davis, A. N., Cleveland and Small-pox; Figures About Vaccination that Do Not Lie, 86.
- Dever, I., Two Cases of Appendicitis, 611.
- Dewey, W. A., Honored, 298.
- Diagnosis, Cui Bono, V. V. Hunt, 195.
- Diarrhea and Other Cases, E. H. Wilsey, 138.
- Diarrhea, Natrum Mur., 180.
Podophyllum, 386.
- Did the Baptisia Cure? G. W. Hoyt, 334.
- Dienst, G. M., Malandrium with Comparisons in Vaccination and Small-pox, 326.
- Dienst, G. M., Things to Think About, 373.
- Dienst, G. M., Discussion of Dr. Kent's Paper, 323.
- Differences of Opinion (Editorial), 412.
- Difficult Case and Its Partial History for Three Years, P. E. Krichbaum, 668.
- Diphtheria Cases, Antitoxin, A. W. Vincent, 457.
- Diphtheria, The Cure of a Case of Suppressed, A. L. Hess, 256.
- Disease; The Manifestations, Progress and Decline, G. P. Waring, 606.
- Discussion of Dr. Allen's Paper: The Cause and Cure of Insanity, 401.
- Discussion of Dr. Alliaume's Paper: Why So Much Liberal Homeopathy? 598.
- Discussion of Dr. Cowperthwaite's Paper: The Study of the Physiological Action and Application of Drugs, 306.

- Discussion of Dr. Close's Paper: Drug Diseases, etc., 587.
- Discussion of Dr. Close's Answer to Question: As to Whether the Vital Force Under Certain Conditions is Overwhelmed by the Indicated Remedy, 600.
- Discussion of Dr. Dienst's Paper: Malandrinum with Comparisons in Vaccination and Small-pox, 329.
- Discussion of Dr. Guild-Leggett's Paper: Organon, Section V, 112.
- Discussion of Harriet H. Cobb's Paper: Hints on the Importance of Hygiene in Pregnancy, 667.
- Discussion of Dr. Hoyt's Paper: Typhoid Fever, 124.
- Discussion of Dr. Kent's Paper: Hypericum with Comparisons in Surgical Cases, 322.
- Discussion of Dr. Kent's Paper: The Administration of the Remedy, 542.
- Discussion of Dr. M'Laren's Paper: Acute Mania, 631.
- Discussion of Dr. Nicholson's Lycopodium Case, 631.
- Discussion of Dr. Thompson's Paper: Some Needs of Homeopathy, 444.
- Discussion of Dr. Wieland's Paper: The Knife and the Remedy in Appendicitis, 524.
- Dose, Is There a Law of, C. M. Boger, 547.
- Drug Diseases and Compulsory Medicine, S. Close, 570.
- Drugs, The Scientific Proving of Essential (Editorial), 642.
- Dulcamara, Hiccough, 30.
- Dystocia, Chamomila, 671.
- Eczema, Natrum Mur., 37.
- Psorinum, 466.
- Sanicula, 24.
- Sulphur, 18.
- Suppressed. Reproduced by Psorinum, 466.
- Edgar, John F., Hahnemann's Organotherapy, 556.
- Editorials: Adjectival Homeopathy, 358.
- Caught a Tartar, 48.
- Choose Whom Ye Will Serve; The Cause of Tuberculosis, 414.
- Compulsory Medicine, 95.
- Differences of Opinion, 412.
- Great Secret, The, 94.
- Hahnemannian Rally at Boston, 293.
- Hint for Sero-Homeopaths, 295.
- Homeopathy Is, or It Is Not, 552.
- Homeopathy of Pasteur, The, 198.
- I. A. H., The, 357.
- Journalistic Consolidation, 355.
- Local Treatment of Gonorrhea, The, 144.
- Materia Medica Brain, The, 481.
- Mental Influence Upon Malignancy, 413.
- Potency Question, The, 237.
- Prevention Better Than Cure, 47.
- Quinsy; How Not to Treat It, 93.
- Real Cause for Felicitation, 294.
- Reply to W. G. Roberts, A. Search for Homeopathic Truth, 285.
- Salutary and Blessed Business, A, 486.
- Scientific Proving of Drugs Essential, 642.
- Single Remedy, The, 197.
- Surgical Treatment of Appendicitis, 146.
- Therapeutics of the Future, The, 45.
- What Would Hahnemann Teach and Practice Were He in the Field? 638.
- Effect, Deleterious, of Hydrastin Mur. in Affections of the Mouth, 598.
- Electricity; A Proving, A. E. Collyer, 80.
- Emissions, Sepia, 13.
- Empirical Prescription, An, A. W. Vincent, 635.
- Epistaxis, Melilotus, 95.
- Erysipelas, Medorrhinum, 84.
- Etiology of Cancer, The, R. T. Cooper, 384.
- Eupatorium Perf., Intermittent Fever, 228, 255.
- Evans, C. H., Discussion of Dr. Dienst's Paper, 332, 333.
- Every Day Cases, L. M. Stanton, 623.

- Fahnestock, C. S., Obituary, 996.
 Falligant, Louis A., Obituary, 497.
 Farrington, Harvey, Discussion of Dr. Dienst's Paper, 331.
 Fibroid, Red Uterine, 471.
 Fisher, C. E., Homeopathy in Clinical Surgery, 471.
 Fisher, C. E., News Letter From New York, 50.
 Fitz-Matthew, J., The Repetition of the Remedy, 180.
 Fitz-Matthew, J., Clinical Cases, 26.
 Flatulence, Magnesium Mur., 626.
 Flatulent Dyspepsia, Petroleum, 26.
 Formaldehyde, Antidote for, 410.
 Formica, The Characteristics of, C. M. Boger, 613.
 Formica, Pruritus Senilis, 616.
 Formica, Verified Symptoms of, 680.
 Foster, J., Reply to Dr. Hayward, 149.
 Freeman, W. H., A Series of Homeopathic Cures, 463.
 Fritts, L. C., Cysto-urethritis with Infiltration, 43.
 Gelsemium, Antidotes Wood Alcohol, 667.
 Gelsemium, S. F. Shannon, 698.
 Gelsemium Case, A, W. E. Ledyard, 617.
 Germs, Atmospheric, Never Cause Tuberculosis or Any Parasitic Disease, 516.
 Gilchrist, James G., Perineal Lacerations, 603.
 Goitre, Homeopathic Treatment of, 554.
 Gonorrhea, Local Treatment of (Editorial), 144.
 Grant, R. C., Organon, Par. VI, 176.
 Graphites, Case, 37.
 Goss, Jane E., A Center Shot: The Single Dose, 645.
 Grosby, W. S., What Shall be Done With a Case Like This? 289.
 Guernsey, Wm. Jefferson, A New Hahnemannian Association Society, 201.
 Guild-Leggett, S. L., Clinical Records of Peculiar Cases, 682.
 Guild-Leggett, S. L., Miasm vs. Disease, 591.
 Guild-Leggett, S. L., Organon, Par. V, 110.
 Guild-Leggett, S. L., Responsibility Disclaimed, 489.
 Guild-Leggett, S. L., The Search for the Remedy, 12.
 Guild-Leggett, S. L., Sulphur as a Contagium Prophylactic, 385.
 Gurney, Belle, Hemorrhage During and After Labor, 695.
 Gurney, Belle, Discussion of Dr. Dienst's Paper, 330.
 Gustafson, F. A., A Beginner with the Right Spirit, 288.
 Gustafson, F. A., Three Convincing Cures, 253.
 Gynecology, Homeopathic, M. M. Thompson, 272.
 Hahnemann, The Mentality of, C. E. Banning, 379.
 Hahnemann's Organotherapy, J. F. Edgar, 556.
 Hahnemann, Samuel, Tape Worm and Other Germ Products of Disease, 234.
 Hahnemann, The Teachings and Influence of, H. C. Allen, 1.
 Hahnemann, What Would He Teach and Practice if He Were in the Field? (Editorial), 638.
 Hahnemannian Rally at Boston (Editorial), 293.
 Hamamelis, Hemorrhage, 83.
 Hanks, Mary E., Discussion of Dr. Cowperthwaite's Paper, 312.
 Hardy, E. A. P., Homeopathy vs. Surgery, 83.
 Hay Fever, Allium Cepa, 647.
 Hay Fever, A Cure of, H. H. Baker, 647.
 Hayes, Royal E. S., A Croupous Pneumonia and Its Lessons, 460.
 Hayward, John W., Letter from, 149.
 Hautiere, Rose de la, A Homeopathic Cure of Inflammatory Rheumatism, 257.
 Hedeoma Pulegioides, Chas. M. Richards, 191.
 Hedeoma Pulegioides, Renal Colic, 191.
 Hemorrhage, Hamamelis, 83.

- Hemorrhage During or Following Labor, Prevention and Treatment of, Belle Gurney, 695.
- Hemorrhage, Post Partum, Ipecac, 671.
- Hemorrhage, Post Partum, China, 671, 698.
- Hepar, Case, 195.
- Herpes, Sepia, 226.
- Hering Medical College, Commencement, 199.
- Hering Medical College Recognized by N. Y. Regents, 568.
- Hess, Amelia L., The Cure of a Case of Suppressed Diphtheria, 256.
- Hiccough, Dulcamara, 30.
- High Potency, The Repetition of, Letter from A. S. Mukerjee, 559.
- Hints on the Importance of Hygiene in Pregnancy, H. H. Cobb, 673.
- Hodge, J. W., Notice of Forthcoming Paper by, 298.
- Hodge, J. W., Some Reasons for Opposing Vaccination, 342.
- Holmes, Horace P., Letter from, 98.
- Holmes, Horace P., Portrait, 93.
- Holst, Harry, Letter from, 407.
- Homeopathy vs. Antitoxin, W. J. Martin, 214.
- Homeopathy at the Bar in Sweden, H. Holst, 407.
- Homeopathy in Clinical Surgery, C. E. Fisher, 471.
- Homeopathic Cures, A Series of, W. H. Freeman, 463.
- Homeopathic Cure of Inflammatory Rheumatism, R. de la Haultiere, 257.
- Homeopathy Is, or It is Not (Editorial), 552.
- Homeopathic Gynecology, M. M. Thompson, 272.
- Homeopathic Materia Medica, The, Edw. Rushmore, 632.
- Homeopathy of Pasteur, The (Editorial), 198.
- Homeopathy, Some of the Needs of, B. G. M. Thompson, 440.
- Homeopathy vs. Surgery, E. A. P. Hardy, 83.
- Homeopathy That Should be Taught (Editorial), 417.
- Homeopathic Treatment of Goitre, E. B. Richardson, 554.
- Homeopathic Truth, A Search After the, W. G. Roberts, 283.
- Homeopathy Verified, F. E. Stoaks, 378.
- Homeopathy, Why It Cures and Other Treatment Does Not Cure, J. Howland, 349.
- Homeopathy, Why So Much Liberal, C. E. Alliaume, 595.
- Hospital Statistics in London, 509.
- Howland, Josephine, The Indicated Remedy in Obstetrics, 689.
- Howland, Josephine, Why Homeopathy Cures and Other Treatment Does Not Cure, 349.
- How to Use the Repertory, C. M. Boger, 663.
- Hoyt, G. W., Did the Baptisia Cure? 334.
- Hoyt, G. W., Typhoid Fever, 122.
- Huffman, R. W., In a Promising Field, 299.
- Hunt, V. V., Diagnosis, Cui Bono, 195.
- Hussey, E. P., The Treatment of Rheumatism and Rheumatoid Conditions, 115.
- Hydrocotele, Psoriasis, 629.
- Hygiene, Hints on the Importance of in Pregnancy, H. H. Cobb, 677.
- Hyoscyamus, Case, 140.
- Hyoscyamus in Strabismus, 388.
- Hypericum, with Comparisons in Surgical Cases, J. T. Kent, 316.
- Hypericum, The Prevention of Lockjaw with, 317.
- Hypericum, The Surgical Sphere and Indications for, P. E. Krichbaum, 530.
- Hypericum, Verified Symptoms, 680.
- Illinois Homeopathic Medical Association, Bureau of Materia Medica, 301.
- Incontinence of Urine, R. E. Belding, 141.
- Incontinence of Urine, Argentum Nitr., 141.
- Indecent Advertisements, Puts the Ban on, 480.

- Indiana Institute of Homeopathy, 37th Annual Meeting, 415.
- Indicated Remedy in Obstetrics, J. Howland, 689.
- Information Wanted on Internal Vaccination, T. V. Bryant, 354.
- Inflammatory Rheumatism, Homeopathic Cure of, R. de la Hautiere, 257.
- Insanity, The Cause and Cure of, H. C. Allen, 394.
- Insanity, Tuberculinum, 400.
- Interesting Letter from Japan, C. E. Barton, 404.
- Interesting Letter from Sweden, O. T. Axell, 291.
- Intermittent Fever, Eupatorium, 228, 255.
- Intermittent Fever, Lachesis, 434.
- Intermittent Fever, Natrum Mur., 229.
- Internal Vaccination, Information Wanted on, T. V. Bryant, 354.
- International Congress on Consumption, Rejected Paper for, 501.
- International Hahnemannian Association, 371, 357, 657.
- International Hahnemannian Association at Boston (Editorial), 293.
- International Hahnemannian Association, President's Address, 657.
- Iowa State Board of Health Bulletin, Vaccination Creed, 89.
- Ipecac, Post Partum Hemorrhage, 671.
- Is There a Law of Dose? C. M. Boger, 547.
- James, Bushrod W., Obituary, 55.
- Japan, Interesting Letter from, 404.
- Jaundice, Arsenicum, 682.
- Journalistic Consolidation (Editorial), 355.
- Journal of Homeopathics and Medical Advance Consolidated, 355.
- Jousset, P., Pasteur and His Influence Upon Therapeutics, 157.
- Kali Jod., Dr. Taylor's Paper on, M. J. Bleim, 52.
- Kali Jod., R. T. Cooper, 55.
- Kansas State Society, W. M. Lyon, 353.
- Kent, James Tyler, A Study of Allium Cepa, 365.
- Kent, James Tyler, A Study of Colocynth, 430.
- Kent, James Tyler, The Administration of the Remedy, 539.
- Kent, James Tyler, Discussion of Dr. Cowperthwaite's Paper, 309.
- Kent, James Tyler, Hypericum with Comparisons in Surgical Cases, 316.
- King, J. B. S., Use and Abuse of Opium and Its Alkaloids, 449.
- Knife and the Remedy in Appendicitis, F. Wieland, 524.
- Kobalt, Verified Symptoms, 680.
- Krichbaum, P. E., A Difficult Case and Its Partial History for Three Years, 668.
- Krichbaum, P. E., The Surgical Sphere and Indications for Hypericum, 530.
- Krichbaum, P. E., Note Book Cases, 30.
- Labor, the Prevention and Treatment of Hemorrhage During and Following, Belle Gurney, 695.
- Lac Caninum, a Single Dose, W. L. Freeman, 184.
- Lac Caninum, Quinsy, 227.
- Lac Vaccinum Defloratum, Verified Symptoms, 681.
- Lachesis, Asphyxia Neonatorum, 91.
- Case, 233.
- Intermittent Fever, 434.
- Sarcoma, 619.
- Laurocerasus, Symptoms, 247.
- Law vs. Anarchy, A. R. Morgan, 533.
- Ledum, Injuries, 317, 318, 319.
- Ledyard, W. E., A Gelsemium Case, 617.
- Leonard, W. H., The Mergers Approved by, 489.
- Let the Law Direct and Experience Confirm, G. P. Waring, 477.

- Liberal Homeopathy, Why So Much? C. E. Alliaume, 595.
 Lockjaw, Prevention of with Hypericum, 317.
 Lupus Erythematosus, Petroleum, 18.
 Lycopodium, Appendicitis, 612.
 Lycopodium Case, A, W. K. Nicholson, 112.
 Cases, 379, 625.
 Croupous Pneumonia, 460.
 Magnesium Carb., Toothache, 250.
 Magnesium Mur., Constipation, 23.
 Flatulence, 626.
 Majumdar, P. C., Is Appendicitis Curable by Medicine, 370.
 Malandrinum with Comparisons in Vaccination and Small-pox, G. E. Dienst, 326.
 Malandrinum a Misnomer, 387.
 Case, 467.
 Involuntary Proving of, J. M. Selfridge, 258.
 Malaria, Natrum Mur., 229, 624.
 Malignancy, Mental Influence Upon (Editorial), 413.
 Mancinella, Verified Symptoms, 681.
 Manganum Met., Cough, 250.
 Mania, Acute, D. C. M'Laren, 626.
 Opium in, 626.
 Marasmus, Medorrhinum, 31.
 Sanicula, 668.
 Massachusetts, Vaccination Law, Constitutionality of to be Tested, 637.
 Materia Medica Brain, The, (Editorial), 481.
 Materia Medica, The Homeopathic, Fdw. Rushmore, 632.
 McClelland, W. A., Applauds the New Advance, 489.
 McIntyre, E. R., Discussion of Dr. Dienst's Paper, 332.
 M'Laren, D. C., Acute Mania, 626.
 Clinical Cases, 36.
 McNeil, A., Proctalgia, 469.
 Translation of an Ocular Demonstration, 447.
 Medical Millennium in England, 149.
 Medicine, Drug Diseases and Compulsory, S. Close, 570.
 Meddlesome Surgery, 236.
 Medorrhinum, Erysipelas, 84.
 Marasmus, 31.
 Melilotus Epistaxis, 97.
 Meningitis, Tuberculinum, 635.
 Mental Influence on Malignancy (Editorial), 413.
 Mentality of Hahnemann, The, C. E. Banning, 379.
 Mercurial Amalgams, 650.
 Mercurius Solub., Syphilis, 17.
 Cough, 233.
 Mercurius Viv., Neuralgia, 142.
 Mergers Approved, W. H. Leonard, 489.
 Mezereum, Cough, 250.
 Miasm vs. Disease, S. L. Guild-Leggett, 591.
 Miasmatic Recrudescence, J. B. Campbell, 205.
 Miscarriage, Coffea, 33.
 Mitchell, J. D., A Serious Case of Typhoid Fever, 339.
 Modern Vaccination by Homeopathic Methods: Dr. Bresse in His Own Defence, 185.
 Morgan, A. R., Obituary, 558.
 Portrait of, 558.
 Law vs. Anarchy, 533.
 Morley, F. N., Obituary, 497.
 Mukerjee, A. S., The Repetition of a High Potency, 557.
 Mukerjee, A. S., Variolinum as a Prophylactic of Small-pox, 617.
 Mules Killed by Vaccination, 90.
 Naphthalin Proving, 387.
 Nash, E. B., Answer to Question as to Deleterious Effect of Hydr. Mur., Locally in Mouth Affections, 598.
 Nash, E. B., President's Address, The I. A. H., 657.
 Nash, E. B., Psorinum in the Potencies, 70.
 Natrum Cases, 13, 229.
 Cough, 250.
 Diarrhea, 180.
 Eczema, 37.
 Malaria, 621, 229.
 Neglected Privilege, A, F. Wieland, 336.

- Neuralgia, Baryta Acet., 435.
Mercurius Viv., 142.
Spigelia, 33.
- New Hahnemannian Society, W. J. Guernsey, 201.
- News Notes and Items, 59, 107, 155, 203, 251, 299, 362, 426, 497, 565, 655, 713.
- News Letter from New York, C. E. Fisher, 50.
- New York Homeopathic Medical College, Alumni Dinner, 297.
- New York Homeopathic Medical College Commencement, 296.
- New York State Board Raises Standard for Admission to Examination, 279.
- Nicholson, W. K., Lycopodium Case, 114.
- Nitric Acid Cure, 625.
- Note Book Cases, P. E. Krichbaum, 30.
- Nux Vom., Case, 378.
Climacteric, 466.
- Obituary, C. S. Fahnestock, 496.
Louis A. Falligant, 497.
Bushrod W. James, 55.
A. R. Morgan, 558.
F. N. Morlev, 497.
Horace M. Paine, 714.
Fred. W. Payne, 496.
Carl Schumacher, 444.
H. B. Van Norman, 497.
- Obstetrical Confidence, W. A. Yingling, 691.
- Obstetrical Experience, F. Powel, 671.
- Obstetrics, The Indicated Remedy in, J. Howland, 689.
- Ocular Demonstration, An, A. Chemnitz, 447.
- Odds and Ends, 667.
- Oleum Animale, Verified Symptoms, 681.
- Once More the Similar, C. T. Cutting, 91.
- Opium and Its Alkaloids, Use and Abuse of, J. B. S. King, 449.
- Opium, Acute Mania, 626.
- Opium Case, 467.
- Opium, Letter on Use and Abuse of, J. S. Watt, 557.
- Organon, Par. V, S. L. Guild-Leggett, 110.
- Organon, Par. VI, R. C. Grant, 176.
- Organon, Par. VIII, Discussion on, Cent. N. Y. Soc., 389.
- Paine, Horace M., Obituary, 714.
- Paralysis, Infantile, 468.
- Paresis, Progressive Senile, R. S. True, 451.
- Paresis, Progressive, Senile, Phos. Ac. and Caust. in, 451.
- Pasteur and His Influence on Therapeutics, P. Jousset, 157.
- Pasteur, The Homeopathy of (Editorial), 198.
- Payne, Fred. W., Obituary, 496.
- Peck, Geo. B., Portrait of, 411.
- Peculiar Cases, Clinical Records of, S. L. Guild-Leggett, 682.
- Pediatric Hints, C. Hering, 143.
- Penny Royal (Hedeoma Peleg), 191.
- Perineal Lacerations, J. G. Gilchrist, 603.
- Pertussis, Carbo Veg., 27.
- Pestilent Fungus, The, 244.
- Petroleum, Flatulent Dyspepsia, 32.
Lupus Erythematosus, 68.
- Phosphorus, Antidote to Chloroform, 322.
- Phosphorus Case, 645.
- Phosphorus, Pneumo-typhoid, 35.
- Physician, The Best Prover, S. Hahnemann, 181.
- Physiological Action and Application of Drugs, The Study of, A. C. Cowperthwaite, 301.
- Physostigma, Verified Symptoms, 681.
- Phytolacca, Verified Symptoms, 681.
- Playfair, W. S., Death of, 567.
- Picric Ac., Verified Symptoms, 681.
- Pneumonia, Mercurius Viv., 27.
Syphilinum, 31.
- Pneumo-typhoid, Phosphorus, 35.
- Podophyllum, Diarrhea, 138, 786.
- Pope's Case Bungled, Louis de T. Wilder, 410.
- Potency, Repetition of the High, 557.
- Potency Question, The (Editorial), 237.
- Potencies, Skinner's em., 416.
- Powel, F., Obstetrical Experience, 671.

- Prescribing for the Disease, 245.
 President's Address, I. H. A., 657.
 Prevention Better than Cure (Editorial), 47.
 Prize Essay, Assoc. Milit. Surgeons, 649.
 Proctalgia, A. McNiel, 469.
 Sabadilla in, 469.
 Proving of Electricity, A. E. Collyer, 80.
 Proving of Malandrinum, 258.
 Proving of Naphthalin, 387.
 Pruritis Pudendi, Sulphur, 24.
 Pruritus Senilis, Formica, 616.
 Psoriasis, J. C. White, 629.
 Hydrocotele in, 629.
 Psorinum Case, 183.
 Psorinum, The Great Antipsoric, H. C. Allen, 63.
 Psorinum in the Potencies, E. B. Nash, 70.
 Psorinum, Suppressed Eczema, 466.
 Psorinum, A Verification of; A Crumb from Our Work Shop, H. A. Whitefield, 183.
 Ptelia, Trifolia, Verified Symptoms, 682.
 Pulsatilla Case, 27.
 Puzzling Case, A, G. F. Thornhill, 202.
 Pyrogen, P. E. Krichbaum, 669.
 Questions, Two Pertinent, 598.
 Quinsy, How Not to Treat It (Editorial) 93.
 Quinsy, Lac. Can., 227.
 Rabe, R. E., Clinical Cases from Practice, 434.
 Rejected Paper on Tubercular Infection, by the Brooklyn Committee, 501.
 Remarkable Case, 28.
 Remedy, The Administration of the, J. T. Kent, 539.
 Remedy, The Repetition of the, J. Fitz-Matthew, 180.
 Remote Effects of Suppressed Ague, 289.
 Renal Colic, Hedeoma, 191.
 Repertory, How to Use the, C. M. Boger, 663.
 Repetition of a High Potency, A. S. Mukerjee, 557.
 Repetition of the Remedy, J. Fitz-Matthew, 180.
 Responsibility Disclaimed, S. L. Guild-Leggett, 489.
 Rheumatism, Inflammatory, A Homeopathic Cure of, R. de la Hautiere, 257.
 Rheumatism and Rheumatoid Conditions, The Treatment of, E. P. Hussey, 115.
 Rheumatism, Rhus, 435.
 Richards, Chas. M., Hedeoma Puleg., 191.
 Richardson, E. D., The Homeopathic Treatment of Goitre, 554.
 Ringworm, Bacillinum, 254.
 Roberts, W. C., Letter from, 101.
 Roberts, W. G., A Search After Homeopathic Truth, 283.
 Editorial Reply to, 285.
 Rhus, Case, 127.
 Rhus in Surgical Cases, 316, 318, 320.
 Rhus, Relief from Cold Applications, 52.
 Rhus, Rheumatism, 435.
 Roubaix, France, Small-pox at, 90.
 Rushmore, Edw., The Homeopathic Materia Medica, 632.
 Ruta in Injuries, 318.
 /
 Sabadilla, Proctalgia, 469.
 Salutary and Blessed Business, A (Editorial), 486.
 Sanguinaria, Catarrhal Inflammation, 435.
 Sanguinaria, Cough, 34.
 Sanicula, Eczema, 24.
 Sanicula, Marasmus, 668.
 Sarcoma, A Case of, E. E. Case, 619.
 Sarcoma, Lach., Ars., Bar. carb. and Sulph., 619.
 Schwartz, Dr., Some Clinical Cases, 124.
 Schumacher, Carl, Resolutions on the Death of, Cent. N. Y. Soc., 444.
 Scientific Proving of Drugs Essential (Editorial), 642.
 Sclerosis, 403.
 Search After Homeopathic Truth, A, W. G. Roberts, 283.
 Search for the Remedy, The, S. L. Guild-Leggett, 12.

- Secret, The Great (Editorial), 94.
 Selfridge, J. M., Involuntary Prov-
 ing of Malandrinum, 258.
 Sepia, Acne Rosacea, 227.
 Case, 126.
 Constipation, 23.
 Emissions, 13.
 Herpes, 226.
 Uterine Cancer, 225.
 Series of Convincing Cures, P. B.
 Wallace, 466.
 Series of Homeopathic Cures, W.
 H. Freeman, 463.
 Sero-Homeopaths Editorial Ap-
 proved, C. S. Carr, 409.
 Sero-Homeopaths, A Hint for
 (Editorial), 295.
 Serous Effusion, Chelidonium
 Majus in, Wm. L. Smith,
 172.
 Severe Case of Typhoid Fever, A,
 J. D. Mitchell, 339.
 Shannon, S. F., Gelsemium, 689.
 Silica, Constipation, 468.
 Silica, Coryza, 35.
 Similar, Once More, The, C. T.
 Cutting, 91.
 Single Remedy, The, (Editorial),
 197.
 Skinner's cm. Potencies, 416.
 Skinner, Thos., Tumors, Benign
 and Malignant, 212.
 Small-pox Infection a Myth, 507.
 Small-pox, Variolinum as a
 Prophylactic of, A. S.
 Mukerjee, 617.
 Small-pox at Roubaix, France, 90.
 Smith, Wilson A., Discussion of
 Dr. Kent's Paper, 322.
 Smith, Wm. L., Chelidonium Maj.
 in Serous Effusions, 172.
 Some of the Needs of Homeopathy,
 B. G. M. Thompson, 440.
 Spine, Injuries of the, Hypericum,
 319.
 Spigelia, Neuralgia, 33.
 Stannum, Colic, 626.
 Stanton, Lawrence M., Clinical
 Cases, 33.
 Stanton, Lawrence M., Every Day
 Cases, 623.
 Staphysagria in Surgical Cases,
 321.
 Statistics, Hospital, in London,
 509.
 Steele, W. G., An Affirmative View
 of Vaccination, 280.
 Stoaks, F. E., Homeopathy Veri-
 fied, 378.
 Strabismus, Hyoscyamus, 388.
 Strontium in Surgical Cases, 321.
 Succus Fruti, Case, 683.
 Succussion in Potentiation, G. E.
 Clark, 646.
 Surgical Sphere and Indications for
 Hypericum, The, P. E.
 Krichbaum, 530.
 Surgical Cases, Hypericum in,
 With Comparisons, J. T.
 Kent, 316.
 Surgery, Homeopathy in Clinical,
 C. E. Fisher, 471.
 Sulphur, Angina Faucium, 625.
 Asthma, 25.
 Cases, 36, 139, 378, 467.
 Cholera, 229.
 As a Contagium-Phophy-
 lactic, S. L. Guild-Leg-
 gett, 385.
 Eczema, 18.
 Pruritus Pudendi, 24.
 Sarcoma, 619.
 Sulphuric Acid, Effects of Fumes,
 668.
 Symptoms, The Absent, J. B.
 Campbell, 451.
 Symptoms of Disease, An Ex-
 clusive Treatise on, 243.
 Symptoms, The Totality of the, H.
 C. Allen, 216.
 Symptoms, Verified, E. E. Case,
 640.
 Symptomatology of Thyroidinum,
 J. H. Clark, 37.
 Syphilinum Pneumonia, 31.
 Syphilis, a Case, B. Le B. Baylies,
 18.
 Syphilis, Mercurius in, 17.
 Sæden, Homeopathy at the Bar
 in, 407.
 Sæden, Interesting Letter from,
 O. T. Axell, 291.
 Tape Worm and Other Germ Prod-
 ucts of Disease, S. Hahne-
 mann, 234.
 Tarantula Cub. Case, 668.
 Teachings and Influence of Samuel
 Hahnemann, The, H. C.
 Allen, 1.
 Testimony and Symptoms from a
 Layman, W. H. Wheeler,
 418.

- Tetanus Antitoxin, 246.
 That Typhoid Case, Letter from W. J. C., 242.
 Therapeutics of the Future (Editorial), 45.
 Therapeutics, Pasteur and His Influence Upon, P. Jousset, 157.
 Things to Think About, G. E. Dienst, 373.
 Thompson, G. M., Some of the Needs of Homeopathy, 440.
 Thompson, M. M., Homeopathic Gynecology, 272.
 Thronhill, G. F., Amalgam Poisoning, 179.
 Thronhill, G. F., A Puzzling Case, 201.
 Three Cases of Tuberculosis, J. K. Tretton, 436.
 Three Convincing Cures, F. A. Gustafson, 253.
 Thyroidinum, Symptomatology of, J. H. Clark, 37.
 Tibial Node, Calcarea Fluor., 26.
 Tonsillitis, Lac. Can., 184.
 Totality of the Symptoms, The, H. C. Allen, 216.
 Transactions Cent. N. Y. Soc., 176, 215, 347, 389, 436.
 Tretton, J. K., Three Cases of Tuberculosis, 436.
 True, R. S., Progressive Senile Paresis, 457.
 Tubercular Infection, The Rejected Paper on, the Brooklyn Committee, 501.
 Tuberculosis, The Cause of (Editorial), 414.
 Tuberculosis Contagious? 505.
 Tuberculosis and Bubonic Plague Due to Continued Vaccination, 519.
 Tuberculosis, Frequency of Among Alcoholics, 180.
 Tuberculosis, Legislation on, 503.
 Tuberculosis Not Caused by Germ, 513.
 Tuberculosis, Three Cases of, J. K. Tretton, 436.
 Tuberculinum, Insanity, 400.
 Tuberculinum, Meningitis, 635.
 Tumors, Benign and Malignant, Thos. Skinner, 212.
 Typhlitis, Lachesis, 28.
 Typhoid Antitoxin, 172.
 Typhoid Fever; G. W. Hoyt, 122.
 Typhoid Fever, Bryonia in, 630.
 Typhoid Fever, A Severe Case of, J. D. Mitchell, 339.
 Union of the "Pathies," Resolutions by the Colo. State Soc., 551.
 Urine, Incontinence of, R. E. Belding, 141.
 Use and Abuse of Opium, J. S. Watt, 557.
 Use and Abuse of Opium and Its Alkaloids, J. B. S. King, 449.
 Vaccination, An Affirmative View of, W. G. Steele, 280.
 Vaccination by Law Illegal, 637.
 Vaccination Creed, 89.
 Vaccination Law, Constitutionality of Massachusetts, to be Tested, 637.
 Vaccination, Modern, by Homeopathic Methods, Dr. Bresee, 185.
 Vaccination, Mules Killed by, 90.
 Vaccination in Philadelphia, 568.
 Vaccination, Tuberculosis and Bubonic Plague Due to Continued, 519.
 Vaccination, Some Reasons for Opposing, J. W. Hodge, 342.
 Van Norman, H. P., Obituary, 497.
 Variolinum as a Prophylactic of Small-pox, A. S. Mukerjee, 617.
 Verified Symptoms, E. E. Case, 679.
 Vermont State Examining Board, Reciprocity With Other States, 279.
 Vincent, A. W., Antitoxin; Diphtheria Cases, 457.
 Vincent, A. W., An Empirical Prescription, 635.
 Vital Force, Is It Overwhelmed by the Indicated Remedy Under Certain Conditions? Answer by S. Close, 599.
 Vomiting of Pregnancy, Asarum, 386.
 Von Villers, A., Clean and Rusty Weapons in the Homeopathic Armory, 132.
 Wallace, P. B., A Series of Convincing Cures, 466.

- Waring, Guernsey P., Discussion of Disease, The Manifestations, etc., 606.
- Waring, Guernsey P., Discussion of Dr. Dienst's Paper, 329, 333.
- Waring, Guernsey P., Let the Law Direct and Experience Confirm, 477.
- Watt, J. S., Letter on Use and Abuse of Opium, 557.
- Wesselhoeft, Wm. P., When? Where? How? 72.
- What Shall be Done With a Case Like This? (Remote Effects of Ague), W. S. Crosby, 289.
- What Is the Curative Power? Answer by E. E. Case, 602.
- When? Where? How? W. P. Wesselhoeft, 72.
- Whitfield, H. A., A Crumb from Our Work Shop; A Psorium Verification, 183.
- Wieland, Frank, The Knife and the Remedy in Appendicitis, 371, 524.
- Wieland, Frank, A Neglected Privilege, 336.
- Wilder, Louis de T., The Pope's Case Bungled, 410.
- Wilsey, E. H., Diarrhea and Other Cases, 138.
- Wood Alcohol, Poisoning by, 667.
- Wood Alcohol Poisoning Antidoted by Gelsemium, 567.
- Yingling, W. A., Obstetrical Confidence, 691.
- X-ray Case, Dr. Fincke's, Comment on by G. H. Clarke, 200.

The Medical Advance

... AND ...

Journal of Homeopathics.

H. C. ALLEN, M. D., Editor.

HARVEY FARRINGTON, M. D., Associate Editor.

CONTENTS.

	PAGE.
<i>The President's Address.</i> E. B. Nash, M. D., Cortland, N. Y.	657
<i>How to Use the Repertory.</i> C. M. Boger, M. D., Parkersburg, W. Va. . . .	663
<i>A Different Case and its Partial History.</i> P. E. Krichbaum, M. D., Montclair, N. J.	668
<i>Obstetrical Experiences.</i> Franklin Powel, M. D., Chester, Pa.	671
<i>Hints on the Importance of Hygiene in Pregnancy.</i> Harriet P. Cobb, Cambridge, Mass.	673
<i>Verified Symptoms.</i> E. E. Case, M. D., Hartford, Conn.	679
<i>Badiaga, Bismuth, Brachyglottis, Ceanothus, Cuprum, Formica, Hypericum, Kobaltum, Lacbaccinum, Maucinella, Oleum Animale, Thyso-stigma, Phytolacca, Picric acid, Ptelia trifoliato.</i>	
<i>Clinical Records of Peculiar Cases.</i> S. L. G. Leggett, M. D., Syracuse, N. Y. .	682
<i>The Indicated Remedy in Obstetrics.</i> Josephine Howland, M. D., Auburn, N. Y. .	689
<i>Obstetrical Confidence.</i> W. A. Yingling, M. D., Emporia, Kans.	691
<i>Hemorrhage during or following Labor.</i> Belle Gurney, M. D., Chicago. .	695
<i>Gelsemium.</i> S. F. Shannon, M. D., Philadelphia.	698
Editorial :	
<i>A Macedonian Cry.</i>	708
<i>Antitoxin in Diphtheria</i>	710
New Publications	711
News Notes and Items.	713

Entered as Second Class Matter.

9 North Queen St., Lancaster, Pa., and 5142 Washington Ave., Chicago, Ill.

Subscription: \$2.00 a Year.

Single Copies, 25 Cents.

- Secret, The Great (Editorial), 94.
 Selfridge, J. M., Involuntary Prov-
 ing of Malandrinum, 258.
 Sepia, Acne Rosacea, 227.
 Case, 126.
 Constipation, 23.
 Emissions, 13.
 Herpes, 226.
 Uterine Cancer, 225.
 Series of Convincing Cures, P. B.
 Wallace, 466.
 Series of Homeopathic Cures, W.
 H. Freeman, 463.
 Sero-Homeopaths Editorial Ap-
 proved, C. S. Carr, 409.
 Sero-Homeopaths, A Hint for
 (Editorial), 295.
 Serous Effusion, Chelidonium
 Majus in, Wm. L. Smith,
 172.
 Severe Case of Typhoid Fever, A,
 J. D. Mitchell, 339.
 Shannon, S. F., Gelsemium, 689.
 Silica, Constipation, 468.
 Silica, Coryza, 35.
 Similar, Once More, The, C. T.
 Cutting, 91.
 Single Remedy, The, (Editorial),
 197.
 Skinner's cm. Potencies, 416.
 Skinner, Thos., Tumors, Benign
 and Malignant, 212.
 Small-pox Infection a Myth, 507.
 Small-pox, Variolinum as a
 Prophylactic of, A. S.
 Mukerjee, 617.
 Small-pox at Roubaix, France, 90.
 Smith, Wilson A., Discussion of
 Dr. Kent's Paper, 322.
 Smith, Wm. L., Chelidonium Maj.
 in Serous Effusions, 172.
 Some of the Needs of Homeopathy,
 B. G. M. Thompson, 440.
 Spine, Injuries of the, Hypericum,
 319.
 Spigelia, Neuralgia, 33.
 Stannum, Colic, 626.
 Stanton, Lawrence M., Clinical
 Cases, 33.
 Stanton, Lawrence M., Every Day
 Cases, 623.
 Staphysagria in Surgical Cases,
 321.
 Statistics, Hospital, in London,
 509.
 Steele, W. G., An Affirmative View
 of Vaccination, 280.
 Stoaks, F. E., Homeopathy Veri-
 fied, 378.
 Strabismus, Hyoscyamus, 388.
 Strontium in Surgical Cases, 321.
 Succus Fruti, Case, 683.
 Succession in Potentiation, G. E.
 Clark, 646.
 Surgical Sphere and Indications for
 Hypericum, The, P. E.
 Krichbaum, 530.
 Surgical Cases, Hypericum in,
 With Comparisons, J. T.
 Kent, 316.
 Surgery, Homeopathy in Clinical,
 C. E. Fisher, 471.
 Sulphur, Angina Faucium, 625.
 Asthma, 25.
 Cases, 36, 139, 378, 467.
 Cholera, 229.
 As a Contagium-Phophy-
 lactic, S. L. Guild-Leg-
 gett, 385.
 Eczema, 18.
 Pruritus Pudendi, 24.
 Sarcoma, 619.
 Sulphuric Acid, Effects of Fumes,
 668.
 Symptoms, The Absent, J. B.
 Campbell, 451.
 Symptoms of Disease, An Ex-
 clusive Treatise on, 243.
 Symptoms, The Totality of the, H.
 C. Allen, 216.
 Symptoms, Verified, E. E. Case,
 640.
 Symptomatology of Thyroidinum,
 J. H. Clark, 37.
 Syphilinum Pneumonia, 31.
 Syphilis, a Case, B. Le B. Baylies,
 18.
 Syphilis, Mercurius in, 17.
 Sæden, Homeopathy at the Bar
 in, 407.
 Sweda, Interesting Letter from,
 O. T. Axell, 291.
 Tape Worm and Other Germ Prod-
 ucts of Disease, S. Hahne-
 mann, 234.
 Tarantula Cub. Case, 668.
 Teachings and Influence of Samuel
 Hahnemann, The, H. C.
 Allen, 1.
 Testimony and Symptoms from a
 Layman, W. H. Wheeler,
 418.

- Tetanus Antitoxin, 246.
 That Typhoid Case, Letter from W. J. C., 242.
 Therapeutics of the Future (Editorial), 45.
 Therapeutics, Pasteur and His Influence Upon, P. Jousset, 157.
 Things to Think About, G. E. Dienst, 373.
 Thompson, G. M., Some of the Needs of Homeopathy, 440.
 Thompson, M. M., Homeopathic Gynecology, 272.
 Thronhill, G. F., Amalgam Poisoning, 179.
 Thronhill, G. F., A Puzzling Case, 201.
 Three Cases of Tuberculosis, J. K. Tretton, 436.
 Three Convincing Cures, F. A. Gustafson, 253.
 Thyroidinum, Symptomatology of, J. H. Clark, 37.
 Tibial Node, Calcarea Fluor., 26.
 Tonsillitis, Lac. Can., 184.
 Totality of the Symptoms, The, H. C. Allen, 216.
 Transactions Cent. N. Y. Soc., 176, 215, 347, 389, 436.
 Tretton, J. K., Three Cases of Tuberculosis, 436.
 True, R. S., Progressive Senile Paresis, 457.
 Tubercular Infection, The Rejected Paper on, the Brooklyn Committee, 501.
 Tuberculosis, The Cause of (Editorial), 414.
 Tuberculosis Contagious? 505.
 Tuberculosis and Bubonic Plague Due to Continued Vaccination, 519.
 Tuberculosis, Frequency of Among Alcoholics, 180.
 Tuberculosis, Legislation on, 503.
 Tuberculosis Not Caused by Gernus, 513.
 Tuberculosis, Three Cases of, J. K. Tretton, 436.
 Tuberculinum, Insanity, 400.
 Tuberculinum, Meningitis, 635.
 Tumors, Benign and Malignant, Thos. Skinner, 212.
 Typhlitis, Lachesis, 28.
 Typhoid Antitoxin, 172.
 Typhoid Fever, G. W. Hoyt, 122.
 Typhoid Fever, Bryonia in, 630.
 Typhoid Fever, A Severe Case of, J. D. Mitchell, 339.
 Union of the "Pathies," Resolutions by the Colo. State Soc., 551.
 Urine, Incontinence of, R. E. Belding, 141.
 Use and Abuse of Opium, J. S. Watt, 557.
 Use and Abuse of Opium and Its Alkaloids, J. B. S. King, 449.
 Vaccination, An Affirmative View of, W. G. Steele, 280.
 Vaccination by Law Illegal, 637.
 Vaccination Creed, 89.
 Vaccination Law, Constitutionality of Massachusetts, to be Tested, 637.
 Vaccination, Modern, by Homeopathic Methods, Dr. Bresee, 185.
 Vaccination, Mules Killed by, 90.
 Vaccination in Philadelphia, 568.
 Vaccination, Tuberculosis and Bubonic Plague Due to Continued, 519.
 Vaccination, Some Reasons for Opposing, J. W. Hodge, 342.
 Van Norman, H. P., Obituary, 497.
 Variolinum as a Prophylactic of Small-pox, A. S. Mukerjee, 617.
 Verified Symptoms, E. E. Case, 679.
 Vermont State Examining Board, Reciprocity With Other States, 279.
 Vincent, A. W., Antitoxin; Diphtheria Cases, 457.
 Vincent, A. W., An Empirical Prescription, 635.
 Vital Force, Is It Overwhelmed by the Indicated Remedy Under Certain Conditions? Answer by S. Close, 599.
 Vomiting of Pregnancy, Asarum, 386.
 Von Villers, A., Clean and Rusty Weapons in the Homeopathic Armory, 132.
 Wallace, P. B., A Series of Convincing Cures, 466.

- Waring, Guernsey P., Discussion of Disease, The Manifestations, etc., 606.
- Waring, Guernsey P., Discussion of Dr. Dienst's Paper, 329, 333.
- Waring, Guernsey P., Let the Law Direct and Experience Confirm, 477.
- Watt, J. S., Letter on Use and Abuse of Opium, 557.
- Wesselhoeft, Wm. P., When? Where? How? 72.
- What Shall be Done With a Case Like This? (Remote Effects of Ague), W. S. Crosby, 289.
- What Is the Curative Power? Answer by E. E. Case, 602.
- When? Where? How? W. P. Wesselhoeft, 72.
- Whitfield, H. A., A Crumb from Our Work Shop; A Psorium Verification, 183.
- Wieland, Frank, The Knife and the Remedy in Appendicitis, 371, 524.
- Wieland, Frank, A Neglected Privilege, 336.
- Wilder, Louis de T., The Pope's Case Bungled, 410.
- Wilsey, E. H., Diarrhea and Other Cases, 138.
- Wood Alcohol, Poisoning by, 667.
- Wood Alcohol Poisoning Antidoted by Gelsemium, 567.
- Yingling, W. A., Obstetrical Confidence, 691.
- X-ray Case, Dr. Fincke's, Comment on by G. H. Clarke, 200.

The Medical Advance

... AND ...

Journal of Homeopathics.

H. C. ALLEN, M. D., Editor.

HARVEY FARRINGTON, M. D., Associate Editor.

CONTENTS.

	PAGE.
<i>The President's Address.</i> E. B. Nash, M. D., Cortland, N. Y.	657
<i>How to Use the Repertory.</i> C. M. Boger, M. D., Parkersburg, W. Va.	663
<i>A Different Case and its Partial History.</i> P. E. Krichbaum, M. D., Montclair, N. J.	668
<i>Obstetrical Experiences.</i> Franklin Powel, M. D., Chester, Pa.	671
<i>Hints on the Importance of Hygiene in Pregnancy.</i> Harriet P. Cobb, Cambridge, Mass.	673
<i>Verified Symptoms.</i> E. E. Case, M. D., Hartford, Conn.	679
<i>Badiaga, Bismuth, Brachyglottis, Ceanothus, Cuprum, Formica, Hypericum, Kobaltum, Lacbaccinum, Maucinella, Oleum Animale, Physostigma, Phytolacca, Picric acid, Ptelea trifoliata.</i>	
<i>Clinical Records of Peculiar Cases.</i> S. L. G. Leggett, M. D., Syracuse, N. Y.	682
<i>The Indicated Remedy in Obstetrics.</i> Josephine Howland, M. D., Auburn, N. Y.	689
<i>Obstetrical Confidence.</i> W. A. Yingling, M. D., Emporia, Kans.	691
<i>Hemorrhage during or following Labor.</i> Belle Gurney, M. D., Chicago.	695
<i>Gelsemium.</i> S. F. Shannon, M. D., Philadelphia.	698
Editorial :	
<i>A Macedonian Cry.</i>	708
<i>Antitoxin in Diphtheria</i>	710
New Publications	711
News Notes and Items.	713

Entered as Second Class Matter.

9 North Queen St., Lancaster, Pa., and 5142 Washington Ave., Chicago, Ill.

Subscription: \$2.00 a Year.

Single Copies, 25 Cents.

KENT'S REPERTORY.

This work represents twelve years of careful research through the whole field of Homœopathic literature. Besides possessing the advantages of all other repertories, far surpasses them in point of completeness and arrangement, which is simplicity itself. It is divided into mind, sensorium, head (external and internal), eye, ear, nose, face, mouth, throat, external throat, stomach, abdomen, rectum, stool, bladder, kidneys, prostate gland, urethra, urine, genitalia, male and female, larynx and trachea, respiration, cough, expectoration, chest, back, extremities, sleep, chill, fever, perspiration, skin, generalities, the latter section containing more than can be found in Boenninghausen's Pocket Book. The ease with which a given symptom or rubric may be found and the exhaustive nature of the work render it the most serviceable repertory on the market.

The Complete Work (Unbound) - - \$15.00

The Complete Work Bound in One Volume 16.00

Address **THE MEDICAL ADVANCE.**

THE THERAPEUTICS OF FEVERS.

**Continued, Bilious, Intermittent, Malarial,
Remittent, Pernicious, Typhoid, Typhus, Sep-
tic, Yellow, Zymotic, Etc.**

BY H. C. ALLEN, M. D.

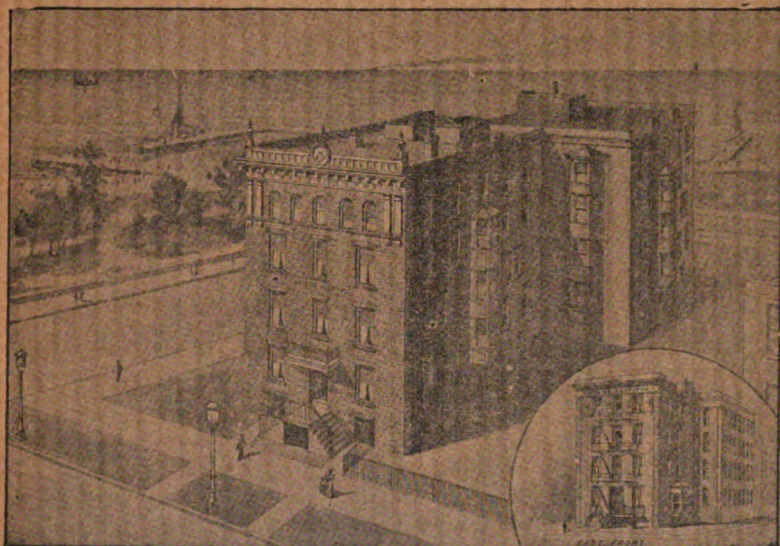
513 pages. Cloth, \$4.00; postage, 22 cents.

This book is an enlargement of Dr. Allen's famous *Intermittent Fever*. It is a grand *homœopathic* book. It tells you to pay less attention to temperature charts and pulse in *severe* cases, for back of all severe cases lies the latent psoric or tubercular diathesis which is the real cause of the severity. Many other original and true things are said in the book which will bear close reading and re-reading, for it will help you cure all fevers.

Published by BOERICKE & TAFEL.

LAKE SIDE HOSPITAL.

4147 Lake Avenue, Chicago.



The Lakeside Hospital is pleasantly situated, and has abundant accommodations. It has the means necessary for making a searching examination of patients and accurate diagnosis of medical and surgical diseases. These means include well-equipped chemical, pathological, bacteriological and X-ray laboratories.

Devices for bathing and other accessories are at the disposal of the physician, while for the treatment of chronic diseases we are inaugurating a system comprising electric light baths, medicated and electric baths, showers, calisthenics and massage, rest-cure, and diet kitchens with proper supervision of the quality and manner of preparing foods to suit the individual case.

A hospital, in short, where all means for accurate diagnosis and scientific treatment are afforded for the alleviation and cure of disease.

LAURA FELL WHITE,

Superintendent of Hospital
and Training School.

R. M. JOHNSTONE, M. D.,

Proprietor and Physician and Surgeon
in Charge with Staff of Consulting
Physicians.

Couldn't Fool Him.

Doctor was Firm and was Right.

Many doctors forbid their patients to drink coffee, but the patients still drink it on the sly, and thus spoil all the doctor's efforts and keep themselves sick. Sometimes the doctor makes sure that the patient is not drinking coffee, and there was a case of that kind in St. Paul, where a business man said:

"After a very severe illness last winter, which almost caused my death, the doctor said Postum Food Coffee was the only thing that I could drink, and he just made me quit coffee and drink Postum. My illness was caused by indigestion from the use of tea and coffee.

"The state of my stomach was so bad that it became terribly inflamed and finally resulted in a rupture. I had not drank Postum very long before my lost blood was restored and my stomach was well and strong, and I have now been using Postum for almost a year. When I got up from bed after my illness I weighed 98 pounds, and now my weight is 120.

"There is no doubt that Postum was the reason for this wonderful improvement, and I shall never go back to tea or coffee, but shall always stick to the food drink that brought me back to health and strength." Name given by Postum Co., Battle Creek, Mich.

Look in each package for a copy of the famous little book, "The Road to Wellville."

Both Feel

*What Proper Food Does for Both
Mind and Body.*

Physical health, mental health, indeed almost everything good on this earth depend in great measure upon proper food.

Without health nothing is worth while, and health can be won almost every time by proper feeding on the scientific food Grape-Nuts.

A California trained nurse proved this: "Three years ago I was taken very sick, my work as a trained nurse having worn me out both in body and mind, and medicine failed to relieve me at all. After seeing a number of physicians and specialists and getting no relief, I was very much discouraged and felt that I would die of general nervous and physical collapse.

"My condition was so bad I never imagined food would help me, but on the advice of a friend I tried Grape-Nuts. The first package brought me so much relief that I quit the medicines and used Grape-Nuts steadily three times a day. The result was that within 6 months I had so completely regained my strength and health that I was back nursing again, and I feel the improvement in my brain power just as plainly as I do in physical strength.

"After my own wonderful experience with Grape-Nuts I have recommended it to my patients with splendid success, and it has worked wonders in the cases of many invalids whom I have attended professionally." Name given by Postum Co., Battle Creek, Mich.

Look in each package for a copy of the famous little book, "The Road to Wellville."

UNIVERSITY OF MICHIGAN
JAN 12 1999



